



**CENTRAL COUNCIL FOR RESEARCH IN AYURVEDIC SCIENCES**

Ministry of AYUSH, Government of India

No.61-65, Institutional Area, Opp. 'D' Block

Janakpuri, New Delhi-110058

Websites: [www.ccras.nic.in](http://www.ccras.nic.in)

**ANNEXURE IV - UNDERTAKING/ACCEPTANCE**

**By the MD/MS Scholar on acceptance of PG-STAR**

I .....  
Son/Daughter/Wife of Shri .....  
student of .....have  
been awarded the PG-STAR of CCRAS. I accept the award and undertake  
that:

**Recent  
Color  
Photograph  
duly attested  
by Mentor  
to be affixed**

- I. During the entire tenure of the Scholarship, I shall abide by the rules and regulations of the Council. Any change in rules and regulations by the Council in future will be applicable to me.
- II. I shall devote full time to research during the tenure of Scholarship.
- III. I shall obtain the approval of the Council before accepting any award or allowance, if offered to me during the tenure of the Scholarship.
- IV. I shall prepare the progress report of my work every six months and communicate it to the Council through the Mentor.
- V. I shall submit an electronic copy of the detailed consolidated report of research work to CCRAS through the Mentor on termination of the Scholarship.
- VI. I also hereby declare that if the results of research are such that can be exploited commercially by taking a patent or otherwise commercial exploitation and patent rights will be decided/governed as per the rules for Scholarships on Patents available on the website of CCRAS ([www.ccras.nic.in](http://www.ccras.nic.in)).
- VII. I have gone through the Terms & Conditions of CCRAS PG-STAR Scheme and have clearly understood that the scholarship is for a fixed period / tenure of maximum 2 years or till the completion of the project.

- VIII. I further understand clearly that I shall have no claim whatsoever for regular / permanent absorption on expiry of Scholarship.
- IX. I also understand clearly and accept the conditions that if I leave the research work either before submission of detailed progress/annual report of the research work or before completion of tenure of scholarship, I shall have to refund the scholarship amount received so far to the Council concerned within 6 months.

**Signature of the Scholar with date**

**Name and Signature of Mentor/Guide:**

**Contact No:**

**Email address:**

**Signature of the Head of the Deptt. / Dean of the Faculty/Registrar**

**With Official Seal & Date**