

To

**The Registrar,  
KLE University,  
BELGAUM**

Sir,

**Sub: UNDERTAKING**

**Ref : Your letter of registration bearing No. KLEU/Ph.D/08-09/D- dated\_\_\_**

With reference to the above, I thank you for your letter of registration informing me of my selection as Research Scholar for the Doctor of Philosophy (Ph.D) Program in Inter-Disciplinary Research / Health Sciences of the KLE University for the year 2009-10. I have gone through the Rules and Regulations of Ph.D. Program of KLE University. I hereby accept the terms and conditions of Ph.D. Registration and agree to comply with the same.

I hereby undertake that I will not register my name for any other academic program of Indian / Foreign University during the period of Ph.D. Program

This is for your kind information.

Thanking you,

Yours faithfully,

Signature: \_\_\_\_\_

Name : \_\_\_\_\_

Reg. No. : \_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mobile No. \_\_\_\_\_

E-mail. : \_\_\_\_\_

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I hereby undertake that I will serve the KLE Institution for a minimum period of 2 years after completion of Ph.D. Program.

This is for your kind information.

Thanking you,

Yours faithfully,

Signature: \_\_\_\_\_

Name : \_\_\_\_\_

Reg. No. \_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mobile No. \_\_\_\_\_

E-mail. : \_\_\_\_\_

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I hereby undertake that the Research topic / title selected for the Ph.D Program of the KLE University has not been either copied or reproduced from any of the dissertations of the candidates pursuing for PG Degree Courses at KLE University and other Institutions / Universities. In case, it is found subsequently that the same is copied / reproduced, my enrollment / registration for the Ph.D Program, at KLE University may be cancelled and I hereby abide by all the terms and conditions of the University (including no claim of fees already paid to the University).

This is for your kind information.

Thanking you,

Yours faithfully,

Signature: \_\_\_\_\_

Name : \_\_\_\_\_

Reg. No : \_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mobile. No. \_\_\_\_\_

E-mail. : \_\_\_\_\_