| Please note that all the applications for depositing research grants in DJST should be accompanied by an Undertaking duly signed by the Principal Investigator. The format of the undertaking is attached below: |
|--|
| To DJST, Secretary Seth GS Medical College and KEM Hospital, Parel, Mumbai – 400 012 |
| Title of the study: |
| |
| I hereby agree to the following undertaking: |
| 1. I/ We shall conduct the above-mentioned research project adhering to the scientific principles and relevant national ethical guidelines. |
| 2. I/ We shall abide by the rules and regulations of the trust/society in which the grant is deposited. |
| 3. I/ We shall take every effort to complete the project in a time-bound manner. |
| 4. I/ We shall duly certify all the necessary documents towards expenditure and submit them from time to time. |
| 5. I/We shall make every attempt to publish the data generated from the research study undertaken by me. |
| 6. I/ We shall not put, under any circumstances, the institution or its authorities to inconvenience. |
| 7. I/ We shall delegate the responsibility of the project to a reliable staff member of the institution with his/her prior consent in the event of my transfer or retirement. |
| 8. DJST is only "Fund Manager". |
| 9. DJST is no way connected to the conduct of the clinical Trial, the risks associated with clinical trial refer entirely with Principal Investigator & their team. |
| Yours truly, |
| Dr, Principal Investigator |
| Designation |
| Department of |

Contact Nos.

| Please note that all the applications for depositing resear Undertaking duly signed by the Principal Investigator. The | • |
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| То | |
| Dean, | |
| Seth GS Medical College and KEM Hospital, | |
| Parel, Mumbai – 400 012. | |
| Title of the study: | |
| | |
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| 4. I/ We shall duly certify all the necessary documents to time. | wards expenditure and submit them from time to |
| 5. I/We shall make every attempt to publish the data gene | rated from the research study undertaken by me. |
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| 7. I/ We shall delegate the responsibility of the project to | a reliable staff member of the institution with |
| his/her prior consent in the event of my transfer or retiren | nent. |
| Yours truly, | |
| Dr, Pri | ncipal Investigator |
| Designation | |
| Department of | |
| Contact Nos. | |