

New Joining Form

Institute Name	
Date of Joining	
Pan No	
Batch Year	
Salutation	
First Name	
Middle Name	
Last Name	
Gender	
Category	
Present Address	
City1	
State1	
PinCode1	
Phone1	
Permanent Address	
City2	
State2	
PinCode2	
Phone2	
EmailID1	
EmailID2	
Bank Name	
Bank Account	
IFSC	
Aadhar No	
Dept Joined	
Joined designation	
Area Of Research	
Subject	
Guide Name	
Guide Department	
Last Degree Obtained	
Year Passing	

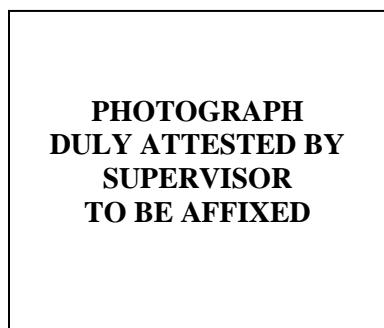


**COUNCIL OF SCIENTIFIC AND INDUSTRIAL RESEARCH
HUMAN RESOURCE DEVELOPMENT GROUP
(EXTRAMURAL RESEARCH DIVISION)**

**UNDERTAKING BY A RESEARCH FELLOW/ ASSOCIATE ON ACCEPTANCE OF THE AWARD OF
RESEARCH FELLOWSHIP/ ASSOCIATESHIP**

I Son/Daughter/Wife of Shri resident of have been awarded the Junior/Senior Research Fellowship/SRF-Extended/SPM Fellow/Research Associateship/CSIR-Nehru PDF of the Council of Scientific & Industrial Research (hereinafter called Council). I accept the award and undertake that:

- I. During the entire tenure of the Fellowship/Associateship, 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 Fellowship/Associateship except as provided in the rules.
- III. I shall obtain the approval of the Council before accepting any award or allowance, if offered to me during the tenure of Fellowship/Associateship.
- IV. I shall prepare the progress report of my work of at the end of each year and communicate it to the Council through the Guide / Supervisor / Faculty Member.
- V. I shall send two copies of a detailed consolidated report of research work through the Supervisor on termination of the Fellowship / Associateship.
- 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 Fellowships/Associateships on Patents available on www.csirhrdg.res.in.
- VII. I have gone through CSIR Terms & Conditions & have clearly understood that the fellowship is for a fixed period / tenure of 2/3/4 Years for JRF/SRF i.e. a total of 5 Years for JRF+SRF and for Research Associates, initially for a period of one year, extendable on yearly basis at the discretion of CSIR upto a maximum of three years. For SRF-Extended, the tenure is one year only. For CSIRNehru PDF, the tenure is 2 years whereas the tenure for SPM Fellow is 5 years.
- VIII. **I further understand clearly that I shall have no claim whatsoever for regular / permanent absorption on expiry of Fellowship / Associateship.**



Signature of the Research Fellow/Associate with date

Name of Supervisor/guide:

Email address of Supervisor/guide:

**Signature of Supervisor/guide:
with Official Seal & Date**

I report myself on duty as Junior / Senior Research Fellow / SRF-Extended/ SPM Fellow/Research Associate/CSIR-Nehru PDF in the Forenoon/Afternoon of (Date) at(Name of Department) of(Name of University / Institute / College). **In JRF/SPMF cases, date of joining will be the date of issue of JRF (NET) certificate or effective date of fellowship or actual date of joining whichever is later. Without receiving NET certificate from Examination Unit, the candidate cannot join and the joining report in such cases will not be accepted.**

Signature of the Research Fellow/Associate with date

**Signature of the Head of the Deptt. /
Dean of the Faculty/Registrar
With Official Seal & Date**

Declaration by the Research Fellow/Associate

I, Shri/Mrs/Kumari/Dr declare as under:

1. That as a recipient of the Council's Fellowship/Associateship, I shall be governed by the disciplinary regulations of the host institute where I have proposed to avail the CSIR fellowship/associateship for pursuing my doctoral/postdoctoral research work.
2. That I have never been punished or debarred from government (central/state), autonomous organization and CSIR service.
3. That my fellowship will be liable to cancellation for any kind of misconduct.

{Signature of the Research Fellow/Associate}

Roll No. _____
Date of Exam _____

ATTESTATION

(Name of the Candidate)

I recommend the candidate for the award of Junior Research Fellowship and undertake to guide him/her on:

(Please indicate topic)

For the duration of fellowship in case he/she is awarded the Fellowship by CSIR. Necessary facilities for research on the problem are available in the Institution. I also certify that I am authorized to guide Research Fellows under the University Rules. I have personally verified the concern degree, marks sheets and other relevant testimonials, which have been enclosed herewith by the candidates with reference to their original.

Signature Name and
Designation of Guide with
Name of the Univ./Instt.

Date _____

Necessary facilities are available and will be provided to the applicant for research during the tenure of Fellowship in case of his/her selection. The candidate will be allowed to join the Fellowship immediately on receiving the award and registered in the University for higher degree.

Signature & Name of Head of
the Department/Institution
with seal

Date _____

1. Topic of Research:

2. Board/Area of Research:

<u>Subject</u>	<u>Code No.</u>	<u>Subject</u>	<u>Code No.</u>
Physics	01	Biophysics	11
Pure Mathematics	02	Medical & Allied Sciences	12
Applied Mathematics	03	Botany	13
Statistics & Operational Res.	04	Zoology	14
Analytical Chemistry	05	Geology	15
Applied/Industrial Chem.	06	Geophysics	16
Inorganic Chemistry	07	Geochemistry	17
Physical Chemistry	08	Meteorology & Oceanography	18
Organic Chemistry	09	Engineering & Tech.	19
Biochemistry	10	Others	20

**Subject Code number may be ticked/encircled.

3. The proposed work indicating overall aim of the research and how it is to be progressed may be described briefly (in the space provided below)

UNDERTAKING

This is to state that I, _____
(name) have joined as CSIR JRF (NET)/SRF (Direct)/RA/SPMF/JRF (GATE) at _____
(name) of the
University/Institute/College) with effect from _____ (date of
joining) under the supervision of _____ (name
and designation of the Guide/Research Supervisor).

I hereby declare that I am solely receiving the aforementioned fellowship from CSIR and that I am not receiving fellowship/scholarship etc. from any other organization, department, or source at the same time. I guarantee that I will not accept a fellowship, emoluments, or remuneration from any other source, department, or agency until I am still receiving the CSIR fellowship. I must promptly return any fellowship I received from CSIR to CSIR if it is discovered at any stage that I was receiving fellowship, benefits, or remuneration from sources other than CSIR while I was receiving my fellowship. I am also aware that any such behavior will result in the cancellation of my fellowship and any other appropriate measures decided upon by the authorities.

Signature:

Name:

File Number:

Date:

Place: