

To,

**The Member Secretary,
Institutional Ethics Committee,
Bharati Vidyapeeth (Deemed to be University) Dental College and Hospital, Pune.**

Date:

**UNDERTAKING FOR REGARDING EXPENSES FOR RESEARCH/
DISSERTATION/THESIS PURPOSE**

Date: _____

I, Dr. _____, am currently working
as a postgraduate student/staff/PhD student in the Department of _____

I am pursuing a study entitled ' _____

_____ ' as my clinical dissertation for the
partial fulfillment for the Degree of Master of Dental Surgery/Thesis (PhD)/Short Study .

I am aware that whatever expenses are required for the Research / Dissertation/ Thesis work
will be incurred by me. The patient and the institute shall not be expected to bear any expense
towards the Research / Dissertation/ Thesis work. The complete responsibility of the same
lies with me and nobody else will be held responsible for the same.

The approximate expenses for the above shall be approximately Rupees _____

In words

Name & Signature of the staff/postgraduate student/Ph D. Scholar:

Name & Signature of the Post graduate Guide/Ph. D. Guide:

Name & Signature of the Head of the Department:

Department Seal: