ACCEPTANCE LETTER BY PARENT INSTITUTE

The Deputy Secretary,

HRD Scheme

Department of Health Research  
2nd Floor, IRCS Building,  
1, Red Cross Road,  
New Delhi - 110001.

Dear Sir,

1. We hereby accept the terms and conditions of the DHR Fellowship guidelines for the DHR **START-UP GRANT FOR INDUCTION INTO BIOMEDICAL & HEALTH RESEARCH 2024-25** awarded to PI (Dr. ).
2. We agree to submit within the final report of the project within one month from the date of termination of the project and a list of articles (equipment etc.), remaining on the closure of the project - both expendable and non-expendable.
3. We agree to submit the audited statement of accounts, duly audited by the auditors as stipulated by the DHR.
4. It is further certified that the equipment(s) required for the project have not been purchased from the funds provided by DHR for any another project(s) in the Institute.
5. Actual date of start of the project as indicated in the Sanction Order or inability to start the project on the specified date will be intimated to DHR positively within one week *via* email [dhr-hrdscheme@gov.in](mailto:dhr-hrdscheme@gov.in) .
6. We hereby certify that the research proposal entitled “ ........................ ” was not submitted to any other funding agency (even partially for financial assistance).
7. In case of failure to comply with any of the above said provisions, DHR will have all rights to ban the concerned Principal Investigator(s)/ Institute(s) for future funding from DHR for any specified period.
8. We agree to submit Utilization Certificate along with the Statement of Expenditure under ‘Amount towards Fellowship/Contingency/Travel’, duly signed by Accounts Officer of the Institute.
9. We agree to submit the documents i.e. copies of all the requisite documents such as (Progress Report, Short Summary Report, Claim sheet, UC, SOE etc.)

**Signature of the:**

1. Principal Investigator (s) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Co-Investigator (s) :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Head of the Department :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date: Signature of the Head of the Institution with seal**

***(Digital signature is not allowed)***

(Signatures & Seal of the PI)

Date :

Signatures & Seal of Head of the Institute Date: