## **DECLARATION**

I,	[Full Name of Head of the Institution], in my			
	[Name of Institution], hereby declare			
that our institution is in compliance with the	Mandatory Requirements for the KSCSTE Post-			
Doctoral Fellowship Programme as outlined in the application guidelines.				

We confirm compliance with the following mandatory requirements as listed below:

Sl.	Particulars	Compliance Status (Y	Yes/No)	Proof/Details (Attach as
No.				separate mandatory documents)
1	Registered Status (Registration			
	as a society/trust, either at the			
	individual institutional level or at			
2	the umbrella organization)			
2	Accreditation Status (Tick (/) whichever is applicable)			
		Accrediting	Yes/N	
	Institution Type	Accrediting Agencies	o/NA	
		DSIR	U/INA	
	Medical Institutions	NABH		
	(inc Pharmacy Colleges)	NABL		
	(me i narmacy coneges)	DSIR		
	Aided Celleges			
	Aided Colleges	UGC		
		NAAC A grade &		
		above(valid during		
		the year of		
		application)		
		DSIR		
		UGC		
		AICTE		
	Engineering Institutions	NAAC A grade &		
	(Pvt)	above(valid during		
		the year of		
		application)		
		NBA( 3 Programs,		
		Preceding 3 years)		
3	NIRF Ranking (NIRF Ranking			
	during the year of application			
	should be <300)			
4	Ongoing Research Projects			
	(Minimum of two ongoing			
	research projects with a			
	minimum net worth of Rs.			
	20,00,000/- funded by			
	State/Central Agencies)			

We have complied with a total of ...... mandatory requirements from the above list of four.

The additional information as per **Section B** (**Additional Information to be submitted by a prospective applicant from the Institution**) will be submitted as separate annexures:

- Annexure I: Facilities to support proposed research (Proof of Equipment& Legal Software)
- **Annexure II:** Information on Faculty available for Research (Details of Faculty, Extramural Projects, h-Index, Patents)
- Annexure III: List of students/faculty doing Ph.D.

I confirm that the information provided above is true and correct to the best of my knowledge and belief.

Date:	(Office seal)	Signature:
		Name of the Head of the Institution: