



HOMI BHABHA NATIONAL INSTITUTE

(Undertaking to be provided by applicants for designation as HBNI Faculty)

Name of Applicant:

Name of CI/OCC:

Discipline:

I, Dr., having made an application for designation as Faculty of Homi Bhabha National Institute in the discipline of, do hereby undertake on this the(Day), of(Month).....(Year), the following:

1. I have attended the Faculty Induction program, and I have also gone through the Ordinances of HBNI.
2. I shall abide by the provisions of the ordinances. I shall also ensure that students registered with me for academic programs under HBNI abide by the Ordinances.
3. I shall ensure that the publications forming a part of any thesis submitted by my students shall clearly indicate HBNI affiliation.
4. I hereby declare that I have studied the Code of Ethics and Code of Conduct of HBNI and I shall abide by the same. In particular, I shall ensure that the papers published and presentations made by myself and my students do not have any plagiarism. I shall also abide by the Code of Ethics formulated by my organisation.
5. I understand that my academic performance may be subject to review after five years through mechanism to be approved by Academic Council.
6. I undertake to provide full support to the academic programs of HBNI and provide all information sought by HBNI from time to time.
7. I hereby undertake to inform the Institute, about any changes in the information submitted by me, in the Application Form or any other documents, including changes in addresses and phone nos., from time to time. In particular, I shall keep the Institute informed if and when my affiliation is changed due to my shifting to another institute. I shall also keep the institute informed about my superannuation / extension of service/ long term absence or sabbatical leave.
8. I hereby undertake to provide relevant information, whenever sought for by HBNI functionaries at Central Office or at my organisation for updating the records or for use in preparing reports for statutory authorities.

Date:

(Signature & Name of applicant)