**Declaration to be signed by the Head of the Department of the Institute/University or the principal of the College sending their students for academic project / internship in the CSIR-National Institute for Interdisciplinary Science and Technology (NIIST), Thiruvananthapuram**

1. Name of the University: ----------------------------------------------------------------------------------
2. Name of the College: --------------------------------------------------------------------------------------
3. Name of the Department: ---------------------------------------------------------------------------------
4. Name of the Executive authority of the University/College signing this declaration/ agreement

(HOD in case of University): ----------------------------------------------------------------------------

1. Address: -----------------------------------------------------------------------------------------------------
2. Telephone -------------------------- Fax ------------------------- E-mail----------------------------------
3. Date of Joining:

Declaration: I, ……………………………………………..., named as in column 4 above, requesting to send the student named as below for the project work at NIIST do accept to the following conditions:

1. The student will work in NIIST for 90 days minimum on full time basis.
2. The student will work under the supervision of scientist from NIIST who would be his/her guide and plan the work.
3. There will be no guide from the University/college for this work. However, there could be co-guide from the department if desired. But this should be informed clearly to NIIST with the name of person in the letter from the HOD/Principal.
4. NIIST will have full intellectual property right on the work carried out by the student. However, if a paper is published out of the work, the student name will be considered for the authorship depending up on his/her contribution.
5. University/College undertakes the responsibility for any misconduct by the student.
6. Thesis/dissertation title/cover page will have the title of the work, name of university where it would be submitted, student’s name, his/her registration number (optional), name of NIIST scientist as supervisor, name of NIIST and month and year of submission.

Name of the student:

Signature of the student

Name, signature and seal of the HOD/ Principal of Univ./college

Date:

Place:

**Note: Use separate form (Xerox copies) for each student.**