

## DECLARATION AND ATTESTATION

I) I / We have read the terms and conditions for Ministry of Health and Family welfare Research Grant: Necessary Institutional facilities will be provided if the research project is approved for financial assistance.

II) I/We agree to submit within one month from the date of termination within one month from the date of termination of the project the final report and a list of articles, both expendable and non expendable, left on the closure of the project.

III) I/We agree to submit audited statement of accounts duly audited by the auditors of the institute.

Dated: 16 NOV 2013

16.11.13

Seal of the Head of the institute.

अनुसंधान अधिकारी प्रभारी

Research Officer /IC

स्वा. र. अ. प. (आयु.) / T.H.C.R.P. (Ay.)

आयुष अस्पताल / AYUSH Hospital

पोर्ट ब्लेयर / Port Blair

अ. व. नि. द्वीपसमूह / A & N Islands.