



## UNIVERSITY OF HYDERABAD

### OFFICE OF POST DOCTORAL AFFAIRS (OPDA)

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#### DECLARATION BY THE CANDIDATE

I, \_\_\_\_\_ Post Doctoral Fellow in the \_\_\_\_\_ scheme (Name of the fellowship) working under the mentorship of Prof. / Dr. \_\_\_\_\_ declare that as and when required, for audit purposes, I will submit all original bills/receipts/invoices pertaining to the expenditure claimed in the Utilization certificate (dated \_\_\_\_\_) submitted to the funding agency. If any of the submitted bills/receipts/invoices are inadmissible under the rules and regulation of the funding agency and/or the University of Hyderabad, I will refund the expenditure incurred for this purpose.

#### Details of candidate

Name:

Email:

Phone No:

AADHAR Card No:

Signature

(with date)