

Self-Declaration form

1. I confirm that I meet the requirements of the program and shall abide by the rules of the program.
2. I confirm that the information submitted by me to BITS BioCyTiH Foundation is true.
3. I confirm that the proposed work is original and not plagiarized or copied from elsewhere.
4. I confirm that I shall provide all requested data and information to the BITS BioCyTiH Foundation in a timely manner.
5. I provide my consent to BITS BioCyTiH foundation to receive and store my personal information shared as necessary for Program.
6. I confirm that I am not receiving any fellowship/ salary/remuneration from any source.
7. I acknowledge that any breach of the aforementioned conditions will result in the termination of my internship at any time.

Signature:

Name:

Date:

Place: