

**UNDERTAKING**  
**1<sup>st</sup> year PG GATE SCHOLARSHIP 2026-27**

| SI No | ACTIVITY                                           | ACTION TAKEN |
|-------|----------------------------------------------------|--------------|
| 1     | NAME OF THE STUDENT                                |              |
| 2     | GATE ROLL NO. #                                    |              |
| 3     | GATE REGISTRATION NO.                              |              |
| 4     | VALID GATE QUALIFIED SCORE #                       |              |
| 5     | PROGRAMME / COURSE                                 |              |
| 6     | NAME OF THE DEPARTMENT                             |              |
| 7     | CLASS ROLL NUMBER                                  |              |
| 8     | DATE OF ADMISSION IN THE PRESENT COURSE OF STUDY # |              |
| 9     | DATE OF COMMENCEMENT OF CLASS                      |              |
| 10    | PERMANENT ADDRESS (AS PER AADHAAR)#                |              |
| 11    | YEAR & PRESENT SEMESTER OF STUDY                   |              |
| 12    | WHETHER UR/SC/ST/OBC/EWS                           |              |

I,..... son / daughter of .....  
Hereby undertake that:

a) As on ..... (**Date**), I have not been selected for any regular appointment / service and I have joined the full time **M.Tech programme** of **University of Calcutta, Kolkata** with the intention of completing the course within the period as stipulated in the regulations of the University.

b) As on ..... (**Date**), I am fully aware that I shall not held the **University of Calcutta** responsible for not getting the **PG GATE Scholarship** if not been able to complete the process within the stipulated period as mentioned by **AICTE**.

c) I will not leave / discontinue the course midway or relinquish the scholarship during its tenure. I will refund the entire scholarship amount received by me if I left the course midway.

d) I will abide by the rules for the award and renewal of the Scholarship existing and as stipulated by **MHRD / AICTE, Govt. of India** from time to time.

Place:

Date:

Full Signature of the Student

Mobile No.:

Email:

Through:

The Head of the Department

Dept. of .....

\_\_\_\_\_  
Secretary, UCSTA

**Note: Attached Self Attested supporting documents #**