**FORMAT for Non-Disclosure Agreement**

I understand and accept the following conditions and responsibilities of my internshiptenure at CSIR-IMTECH

1) I understand that I may gain access to sensitive information and records during my

tenure for the said program and I shall treat all such information accessible to me as confidential andshall not disclose it to third party under any circumstances.

2) I shall treat all the research information regardless of its format (e.g. electronic, paper, oral) as confidential, unless and until advised otherwise by my allocated supervisor or project PL.

3)I shall use protected information for the sole purpose of performing my needed project requirements and I shall not disclose protected information to anyone without prior authorization from the IMTECH in writing.

4) I agree that my project output will not be used in any form without prior authorization from the CSIR-IMTECH in writing.

5)I undertake to work in the internship for a period of **4-6 months**and will provide proof of my enrolment in ongoing degree program

(i.e. M.Tech/B.Tech/M.Sc/B.Pharma/M.Pharm/MCA and equivalent) for throughout the training.

I understand that any failure to adhere to one or more of the above listed condition and responsibilities will subject me to disciplinary action and may result in prosecution through appropriate university judicial processes cancellation of internship and other civil and criminal steps against me.

I also understand that my obligation under this Non-Disclosure agreement will continue even after my tenure at CSIR-IMTECH has ended.

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Students Name Signature Date

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Name of HOD of the institute Signature and stamp Date

With complete mailing address