



I hereby declare that all the above information is true, and I will abide by all the rules and regulations of the Institute.

I also declare that all the information I will receive at Nimbkar Agricultural Research Institute (NARI) is confidential and is the intellectual property of NARI and I will be liable to be legally prosecuted if I disclose it to or share it with a third party without a written permission from NARI.

I also declare that during my internship at NARI, the Institute is in no way responsible for any physical and mental injury received by me. In the event of this happening all the medical bills will be borne by me. Thus I absolve NARI of any legal consequences arising out of the injuries, if any, sustained by me.

I am signing this form without any coercion or pressure and of my own free will.

Signed : \_\_\_\_\_

Date : \_\_\_\_\_

Name of intern : \_\_\_\_\_

Witness : \_\_\_\_\_ Name:

Place: \_\_\_\_\_