

AGREEMENT FORM

AWARD OF SCHOLARSHIP (M.Phil.)

This agreement is made, on the day of 20__), between

- (1) Mr. / Ms. son / daughter of hereinafter called the Scholar and
- (2) Prevention and Control of NCDs Program Punjab, hereinafter called the Awarding Body.

Whereas Mr. / Ms. has been selected by the Research Committee of Prevention and Control of NCDs Program Punjab for the award of Scholarship for M.Phil. Research Work and the scholar has agreed to accept the terms and conditions governing this scholarship award.

Now this deed witnesses as under:

- The scholarship award shall be valid for one year for M.Phil. subject to satisfactory performance report and schedule.
- Scholarship amount will be subject to proposed research and its anticipated outcome related to NCDs. The payment of research grant for M.Phil. shall be maximum up to 40,000/ PKR to be paid after approval of synopsis.
- An awardee shall regularly submit the progress report after every three (03) months to NCDs Program, duly vetted by their academic supervisor and Head of the Institute. The progress of work shall be assessed in quarterly and annual progress reports against minimum requirements as under:

✓

Year 1.

1 st Quarter:	Report on introduction & literature review
2 nd Quarter:	Report on data collection
3 rd Quarter:	Report on data analysis
4 th Quarter:	Final research

- An awardee shall also submit comprehensive report duly attested by the supervisor and Head of the Institute immediately after completion of research scholarship period.
- Research Committee will appraise the financial justification for the research before approval.
- Any increase/enhancement in the scope of research leading to increase in the cost incurred, after approval of synopsis and principle agreement, will be rejected.
- The Department may nominate a co-supervisor from the nominated members of the research committee for technical evaluation of research report.
- The research completed by the awardee will not be published/presented in any form anywhere without formal permission granted by the NCDs department.
- The awardee shall report to a nominated member of NCDs Program acting as co-supervisor related to research article writing of the final approved dissertation.
- The co-supervisor shall be co-author of the research article based on approved thesis.
- The grant shall be paid in the name of awardee's account in the form of a cross cheque through Head of the Institute.

- An awardee will not change the synopsis and methodology of study specified in the letter of award without obtaining prior approval of the Research Committee of NCDs Program.
- The awardee shall not currently be receiving any scholarship or employment.
- An awardee shall sign this agreement with the Program Manager, Prevention and Control of NCDs Program on stamp paper upon selection
- Under any extraordinary circumstances, if arise, the awardee shall intimate the program through proper channel. The final decision of case in any such circumstances shall solely be at the discretion of the Research Committee of Prevention & Control of NCDs. The awardee shall also submit an affidavit from a guarantor for the payment of total sum disbursed in case of above mentioned reasons.
- In case of fraud, forgery of data/results/document, deviation from the approved methodology or any unethical activity related to procedures, the NCDs Program will be liable to take serious legal action against them.
- The Program holds the right to revoke / withdraw an awarded grant in circumstances that may unfavorably impact the reputation and/or image of the Program.
- The Program reserves the right to reject any application or call off the whole selection process without assigning any reason.

IN WITNESS WHEREOF, the parties aforementioned have signed this deed in token of acceptance thereof.

<hr/> Stamp & Signature Program Manager Prevention and Control of NCDs Punjab	<hr/> Scholar / Awardee Full Name & CNIC No.
<hr/> Address & Contact No.	<hr/> Address & Contact No.
<hr/> Signature Witness No. 1 Full Name & CNIC No.	<hr/> Signature Witness No. 2 Full Name & CNIC No.
<hr/> Address & Contact No.	<hr/> Address & Contact No.