



INSTITUTE OF AERONAUTICAL ENGINEERING

(Autonomous)

Dundigal, Hyderabad-500043

UNDERTAKING FORM

OUTCOME BASED EDUCATION (OBE)

I, _____ appointed as _____ in the _____ department, would abide by the following terms set forth by the Institute regarding OBE clearance certificate.

1. I am aware that, I should get OBE clearance certificate within first three months of my service in the Institute.
2. I am aware that, if I could not get OBE clearance certificate within three months, an amount of Rs 5000/- per month would be deducted from the end of third month until I clear OBE.
3. The amount that is deducted from my salary would be reimbursed in the month next to OBE clearance certificate.

I, therefore, assure that I would be following the procedures regarding OBE clearance certificate.

Thanking You,

Date:	Signature
Place:	Department:
Remarks:	Dean, CLET
Remarks:	Principal