

DEPARTMENT OF PHYSICS AND ASTROPHYSICS

UNIVERSITY OF DELHI-110007

Undertaking

This is to certify that I, Rohin Kumar Yeluripatiwas present

In the department for research work during the month.....

Total no. of working days:

no. of leaves taken:

no. of days attended:

Date :

Student's Signature:.....

Place: New Delhi

Name: Rohin Kumar Yeluripati

Supervisor's Signature:

Name: Prof. Amitabha Mukherjee