

SECURITY UNDERTAKING

I ----- (Name in full with designation) do hereby undertake to abide by the following conditions in respect of the Hydro-meteorological Data supplied.

- 1) The Hydro-meteorological Data pertaining to..... (*Name of Sub Basins for which data is required*) of River Systems collected fromOrganization of Central Water Commission, with reference to letter No..... dated..... will be used strictly for the said official purpose for which the data has been asked for.
- 2) The data will not be supplied to any Governmental / Non Governmental or Public Sector Undertaking without the prior concurrence / fresh permission.

OR

I have already intimated to the Central Water Commission that we have engaged M/s _____ (*Name of the consultant*) a National/ an International consultant for carrying out the studies and data will be handed over to them for the purpose. I understand that I will be held responsible for passing the data to other agencies (Other than Consultants) even if it is passed by our consultants.

- 3) The data will not be published without the prior permission. The released classified data shall not be reproduced in any report/ publication/ Detailed Project Report (DPR), etc. Only result of analysis and inferences drawn thereof should be published. The contribution of CWC shall be duly acknowledged in the DPR/report/ publication.
- 4) The data shall be used for the specific purpose only for which the approval of the competent authority has been accorded.
- 5) Central Water Commission will not be held responsible for any inference drawn based on these data.
- 6) Subsequent to release of data, if we deploy any other National/ International consultants for carrying out studies referred in my data request form, I will take prior permission from Central Water Commission for transfer of data to them.
- 7) I understand that any breach of undertaking may invite civil liability.

Signature of the Officer
of the Rank of Chief Engineer/General Manager/
Head of Department/Managing Director or equivalent

Name in full with designation: _____
Name of the Department: _____
Address of the Office: _____
Dated: _____

ALONG WITH OFFICE SEAL