

Conflict of Interest Declaration Form

Entrepreneurship Engagement – Faculty Members

Indian Institute of Technology Kharagpur

Purpose:

This form serves as a formal declaration by faculty members engaged in entrepreneurial activities, in accordance with the Institute's Entrepreneurship Policy. It ensures transparency and safeguards academic integrity without requiring detailed oversight. Faculty members are expected to make this declaration with a deep sense of trust and responsibility. Any false or misleading declaration must be strictly avoided. The Institute places high value on the integrity and trust of its faculty, and this declaration reflects that mutual respect.

Section A: Personal Details

- **Name:** _____
 - **Employee ID:** _____
 - **Department/School/Centre:** _____
 - **Designation:** _____
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Section B: Startup Engagement Details

- **Name of Startup/Venture:** _____
 - **Nature of Engagement:**
 - Founder/Promoter
 - Director
 - Mentor/Advisor
 - Consultant
 - Board Member
 - Other: _____
 - **Equity Stake Held (if any):** _____ %
 - **Startup Incorporation Date:** _____
 - **Startup Partners/cofounders (if any):**
 - Faculty
 - Students
 - Alumni
 - External
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Section C: Declaration of Conflict of Interest

I hereby declare that:

- My engagement with the above-mentioned startup does not compromise my academic responsibilities, including teaching, research, student evaluation, and administrative duties.
- I will not involve Institute resources, personnel, or students in startup activities without prior approval and formal documentation.
- I will ensure separation of roles in academic evaluation, procurement, and hiring decisions related to the startup.
- I will disclose any future changes in my role or equity holding in the startup.
- I understand that this declaration will be reviewed annually or upon significant change in engagement.

I affirm that the information provided in this declaration is true to the best of my knowledge. I acknowledge the Institute's trust in my integrity and understand that any false or misleading declaration would compromise that trust.

Signature & Date

Signature: _____

Date: _____

For Departmental Record (No Approval Required)

Received by: _____

Designation: _____

Date of Receipt: _____