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COMMUNITY RADIO STATION
MADANAPALLE INSTITUTE OF TECHNOLOGY & SCIENCE
MADANAPALLE – 517325, ANDHRA PRADESH
www.mits.ac.in/radio-90



Declaration Form for E- Content Preparation

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Full Name of the Faculty: _____

Designation: _____

Staff ID No.: _____ **Department:** _____

Phone Number: _____ **Email:** _____

CONTENT/ MODULE/ LECTURE DETAILS:

Title of the Content/ Module/ Lecture: _____

Specialization/ Content Playlist: _____

Date of Appearance: _____ **Time In:** _____ **Time Out:** _____

DECLARATION AND AGREEMENT:

I, _____ [Full Name], hereby declare that I have voluntarily approached the MITS Radio 90.8 CRS for E-Content preparation for developing above- mentioned Content/ Module/ Lecture entitled _____ [Title of the Content/ Module/ Lecture]. I understand and agree to the following Terms and Conditions:

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- I acknowledge that while the slides, animation, images, content, audio, and video are my original creation, MITS Radio 90.8 CRS shall not be responsible for the content, description, or presentation of ideas within the work. I assume full responsibility for the same.



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2. Slide Preparation, Content, Video and Audio Recording and Usage:

- I consent to the slide, presentation, video and audio recording of my appearance on the E-Content development.
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4. Confidentiality:

- I will not disclose any confidential or sensitive information during the program that could harm individuals, organizations, or reputation.
- I have read and understood the terms and conditions outlined above, and I agree to abide by them.

[Signature of Faculty]:

Signature: _____ Date: _____

HOD Verification and Permission:

I, _____, Head of the Department, Department of _____, hereby declare that I have reviewed and verified the quality of the submitted e-content PowerPoint presentation, ensuring proper figure credits, content courtesy, references, and compliance with copyright requirements. I grant permission to record the verified content at MITS Radio 90.8 CRS. I also acknowledge that minor alignment adjustments, format corrections, or slide number updates, if necessary, may be carried out by the radio station representative.

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Signature: _____ Date: _____

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Signature: _____ Date: _____