

UNDERTAKING



Name	CNIC:
Designation	Organizational Affiliation:
Contact Information (official email should be added):	
Mobile: Landline:	Email:
Briefly state the purpose of required samples:	

Disclaimer: The malware samples provided to the undersigned are strictly for academic and research purposes only. Any misuse, including but not limited to unauthorized distribution, modification, or deployment for malicious intent, is strictly prohibited. NCCS will not bear any responsibility for any consequences arising from improper use of these samples.

Name & Signature of Applicant: ______

Name & Signature with Stamp of relevant Director / Head of Department or Institution (include contact no of the authorized personal for cross verification):