

ENDORSEMENT FORM

To Whom It May Concern,

This is to certify that [*Name of Faculty Member*], holding the position of [*Designation*] in the [*Department*] at [*Name of Institution*], will be participating in the **COPEN 13**, scheduled to take place on **December 13-15, 2024** at **NIT Calicut**.

We hereby confirm that the above-mentioned faculty member is participating in the conference at their own expense. The institution will not be providing any financial support, grants, or sponsorship for the registration, travel, accommodation, or any other expenses related to their participation in the event.

Thank you for your attention to this matter.

Sincerely,

[Name of Head of institution/ Head of department]

[Designation]

[Institution]

[Date]

Signature: _____

Institutional Seal: _____