

[TO BE PRINTED ON INSTITUTE LETTERHEAD]

Endorsement from the Head of the Institution

Date: _____

I, the undersigned, certify that

1. Mr / Ms / Dr is a bona fide faculty member of our Institute / University. [Strike out whichever is not applicable.]
2. Our institution to which the applicant Mr / Ms / Dr belongs, is approved by AICTE.
[Mandatory for those who are applying under QIP category]
3. The applicant has years of teaching / research experience.
4. The applicant will be granted leave for the course duration [4-9 Dec.,2017] if selected for the course.

Signature of the Principal or Head of the Institution with Office Seal