

DECLARATION AND RECOMMENDATION

I Dr./Mr./Ms.....from
.....certify
that the above information and particulars are correct to the best of my knowledge and I will be responsible for any lapse. I hereby undertake to participate in the course to do the assignment work during the course and abide by the rules and regulation of The University and UGC.

Place: _____

Date: _____

Signature of the Applicant

RECOMMENDATION OF THE FORWARDING AUTHORITY

I hereby certify that:

1. I have verified the above information given by the application and found correct as per our records.

(i) Certified that this College/Institute is **covered/not covered** under section 2(f) of UGC Act. (Use ✓ mark)

2. (ii) Certified that this College/Institute is **covered/not covered** under section 12(b) of UGC Act. (Use ✓ mark)

(iii) Certified that this College is affiliated to _____ University for last _____ years.

3. I recommend Mr./Ms. _____ for the programme who will be relieved to participate in the above programme at UGC-HRDC, if selected, for the duration of the course applied for.

I request you to consider this application .

Place: _____

Date: _____

OFFICE
SEAL

Signature

Signature of the
Principal/ Director/Head/Registrar