## CERTIFICATE

## (From the Head of the Institute on official letterhead)

Date

This is to certify that we are willing to host Dr	as a post-doctoral fellow in the
Department / School of of our institute / L	Jniversity under the supervision of
Prof. / Dr	

The University / Institute assumes full responsibility for handling funds, submitting periodic reports, UC, and Statement of Expenditure, and returning the unutilised funds, if any.

Signature

Name