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 / University 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