**Declaration by the coordinator**

DECLARATION

I, Dr/Mr/Ms ………(Name)…………………………………………., ….(Designation), is interested in conducting the workshop for school students/school teachers/UG students. Our institute has all the facilities, and I have identified appropriate resource persons for the proposed summer/winter school on …… (please write the title of the summer/winter school) in the area of ….. (discipline). In the event of any emergency Dr/Mr/Ms ………(Name)……………………………, ….(Designation), will carry out the functions of the coordinator.

I shall abide by all the terms and conditions of the grant for conducting this school. I shall take utmost care of the participants during the training period, be it laboratory or the field.

Signature: Signature:

Name (Coordinator) Name (Deputy Coordinator)

Date: Date: