

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:

Name (Coordinator)

Signature:

Name (Deputy Coordinator)

Date:

Date: