**Certificate by the Head of the Institute**

I recommend \_Dr.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to conduct \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ training program. All the facilities and equipment needed for the proposed training are available in the Institute or shall be made available for the program.

It is certified that all the particulars furnished above are correct as per the official record available in the Institute.

Signature

Name in Block Letters

(Head of the Institution/Organization)

NOTE:

1. Kindly submit typed applications only.
2. All answers should be given in words and not by dashes. Strike off those not applicable
3. Incomplete applications will be rejected.