

**Employer’s Endorsement Form**

To be submitted on official letterhead, dated & signed by the competent authority with the **Shastri Conference Grant (One Health) (**2023-24). The form must be signed by the Vice-Chancellor/ Registrar /Director/Deans/ HoDs/ Research offices/ Administrative Head.

**Name of Grant:**

**Faculty Name:**

**Address with email:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact No:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name and Designation of Authority issuing Endorsement:**

**Email:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact No:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have no objection and I approve the application of (Name of Faculty) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for **Shastri Conference Grant (One Health). I also verify that he/she is full-time tenured faculty at the University/Institution/College.**

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**Signature of Vice-Chancellor/Registrar/Director Date**

**Deans/ HoDs/ Research offices/ Administrative Head**