

**Employer’s Endorsement Form**

To be submitted on official letterhead, dated & signed by the competent authority with the **Shastri Covid-19 Pandemic Response Grant (SCPRG): Call for Innovative Solutions** application form for 2020-21.

**Name of Proposed Project/Programme:**

**Name of faculty:**

**Department address with email:**  \_\_\_\_\_\_

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

**Name and designation of authorized signatory:**

**Email and Contact No:**  \_\_\_\_\_\_\_\_\_\_\_\_

I have no objection to the application made by (Name of Faculty) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ under **Shastri Covid-19 Pandemic Response Grant (SCPRG): Call for Innovative Solutions administered by Shastri Indo-Canadian Institute**. 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**

**/ HoD/ Deans-Research office or Grant section/**

**Administrative Head/Principal**