

**Employer’s Endorsement Form**

To be submitted on official letterhead, dated & signed by the competent authority with the Shastri Institutional Collaborative Research Grant application for 2020-21. The form must be signed by the Vice-Chancellor/ Registrar /Director/Deans/ HoDs/ Research offices/ Administrative Head.

**Name of Proposed Project/Programme:**

**Faculty Name:**

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

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

**Name of Vice-Chancellor/Director/Dean:**

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

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

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

\_\_\_\_\_\_\_\_

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

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