CERTIFICATE OF SUPPORT FOR INAE CHAIR PROFESSOR

(TO BE SIGNED BY HEAD OF INSTITUTION WHERE APPLICANT IS SERVING

AND WHERE WORK IS TO BE UNDERTAKEN)

1 Name, Designation and Address of the Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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2 Name and Address of Institution where Applicant is serving

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3. Proposed Area of work and Department of Affiliation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Name of Concerned Authority in whose favour the cheque is to be issued

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This is to certify that in the event of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ being selected as INAE Chair Professor during the period from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_in the Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the Institution\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ he/she shall continue to draw full salary from this Institution.

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(Signature of the Head of the Institution where Applicant is serving and Seal)

Date