

CERTIFICATE OF SUPPORT

- 1 Name and Address of Host Institution _____

2. Name and Address of the Applicant:

3. Proposed Area of work and Department of Affiliation _____

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

This is to certify that in the event of _____ being selected as INAE Distinguished Professor/Technologist, he/she will be invited to work in this institution in the Department of _____, as per his/her Statement of purpose during the period from _____ to _____.

(Signature of the Head of the Institution and Seal)

Date