

--ON INSTITUTIONAL LETTERHEAD--

Undertaking by the Host University/Institution/Organization

This is to confirm that Dr. _____ is working in our university/institution since _____. He/ She is not employed under a permanent / regular position / under probation for permanent/regular position in our university/institution. His/her employment status is in-line with the eligibility criteria under the call for applications for Ramalingaswami Re-entry Fellowship 2023-24.

(Signature of Registrar/Vice Chancellor/ Dean/ Director along with seal)

Name of Signatory:

Designation:

Phone No.

Email:

Date: