

UNDERTAKING FORM
FOR RRM/PRE-SUBMISSION SEMINAR

Date:

This is to Certify that Dr.----- who is acting as Supervisor for the Research Scholar----- bearing Admn. No.----- is presently working in this institute as Professor/Assoc. Professor/ Assistant Professor. This certificate is issued to him/her for seeking permission for RRM/Pre-Submission Seminar of the above Research Scholar

Chairman/Correspondent
(signature with seal)

Principal
(signature with seal)