

**ENDORSEMENT FROM THE HEAD OF INSTITUTION**

**(To be given on letter head)**

Name of the Orientation Programme:

1. Certified that the Institute welcomes the 5- Day Orientation Programme proposed by  
Dr./Shri/Smt ( Name) .....  
(Designation).....  
.....as the Principal  
Co-ordinator and Dr./Shri./Smt.....  
.....  
as the Co- coordinator.
2. Certified that all required infrastructure, basic amenities and such other administrative facilities as per terms and conditions of the grant, will be extended to the Coordinators throughout the duration of the programme.
3. In case the Principal Coordinator fails to complete the orientation programme due to unforeseen reasons, the Institute will nominate an appropriate person to enable completion of the programme.
4. The Institute assumes to undertake the financial and other management responsibilities of the programme.

Signature  
Head of the Institution

Date : .....

Place : .....

(Seal)