## **Endorsement from the Institution**

(To be given on letter head)

Certified	that	the	Institute	forward	the	proposal from Dr./Shri./Smt
(Name and I	Designation	on)				
					1	for availing financial assistance
from KSCS	TE for	condu	cting Seminar/	Workshop/	Confer	rence/Training Programme or
						(Title of the
Programme)	and that	in the	event of sanc	tion of the p	roposal,	the Institute will execute the
Terms & Co	onditions	docun	nent of the scl	heme and w	ill cond	luct the proposed Programme
successfully, as per the norms and directions from KSCSTE, within the prescribed time frame.						
Name & Signature of the Programme Co-ordinator						
				Name and S	ignatur	e of Head of Institution
Date:						
Place:						

Office Seal