

ENDORSEMENT FORM BY THE HEAD OF THE INSTITUTION

NAME :

DESIGNATION :

QUALIFICATION :

EXPERIENCE : From To..... as

INSTITUTION NAME :

INSTITUTION ADDRESS :

I hereby certify that the above mentioned faculty is working in our Institution as a

- FULL TIME
- PART TIME
- CONTRACT
- GUEST FACULTY
- OTHERS

Name and Signature of the Head of Institution with Seal

Date:

Place: