Proforma - P (Format of Certificate by the Employer/Management for Sponsored Candidates)

This is to certify that S	Shri./ Smt/ Kum.	
is working in this Inst	titute/organization as (designation)	is appointed
/approved on regular l	basis since dated and his/her appointment is r	not contractual / temporary
adhoc. He/She is perm	nitted to study M.E./ M.Tech. / M. Pharm / M. HMC	CT / M. Planning / Pharm
D. (Post Baccalaurea	te) programme/specialization at the selected institut	te allotted of his/her choice
If he/she is admitted to	o the said program, he/she will be permitted to atten	d the College as a full time
student during the wo	orking hours of the admitted College till completic	on of his/her program. We
	will fulfil institute norms of the attendance.	
Date:	Signature	e and Designation
Place:	With star	np of Organization
	Proforma -Q Undertaking (FOR SPONSORED CANDIDATES)	
I,	, understand that I ha	ve been admitted to M.E. /
	M.HMCT / M. Planning / Pharm. D. (Post Baccal	
specialization in	, under sponsored categ	gory and I am prepared to
undergo this programn	ne and bear all the expenses including the prescribed	fees as tuition and other fee
and those related to pro	oject work and dissertation.	
In case of the default,	I know that my registration will be cancelled.	
Place:	Signature of the Candidate	
Date:	Name of the Candidate	33XXX
Application ID:		