

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Ms./Mr./Dr./Prof. _____
is an _____ (Assistant Professor / Associate Professor /
Professor / Research Scholar / Others) in the Subject of
_____ from (College / University) on Regular / Contract /
Lecture Basis.

I would like to nominate _____ to attend the
FIP/RC/STP/NEP Orientation and Sensitization Programme in/on
_____ from (Date) _____._____._____ to _____._____._____.
(Online/Residential)

This certificate has been issued at her/his own request to submit the same
UGC- MMC Portal at UGC-Malaviya Mission Teacher Training Centre at
Goa University.

Date:

Seal of the Department/ College

Signature of the H.O.D/Principal/
Concerned Authorities