

Name of Institutions

Address of Institutions

**RECOMMENDATIONS OF THE FORWARDING AUTHORITY**

I recommend Dr./Mr./Ms.....for the Orientation Programme/Refresher Course in the subject..... He / She will be relieved on time to participate in the above course at **UGC-Human Resource Development Centre** if selected and no work at this institution will be allotted for the duration of the programme.

Certified that this college is affiliated to .....University for the last 5 years.

Certified that the teacher has total teaching experience of .....years.....months in all the institutions.

Place :.....

Date :.....

Signature and Seal of the  
Principal/Director/Head