

To Date: -……………………

Director

UGC MMTTC

AMU, Aligarh

**NOC/Recommendation letter from the Principal/Head of the Department**

I recommend Dr./Mr./Ms/Mrs…………………………………………………………………………………….

Designation……………………………………….…………………………………………………

Name of the Institution (use CAPITAL letter only)

……………………………………………………………………………………………………………

for joining the **Short Term Course** in…………………………………………..

…………………………………………………………………………………………………………….

From …………………………………….to…………………………………

He/she will be relieved and treated on duty during the duration of the above course at UGC MMTTC, AMU, Aligarh, if selected. Certified that this College is affiliated to

………………………………………………………………………………………………………………

………………………………………………………………………………………………………………University for the last five years.

 Signature of the Principal/Head

 With official Seal