

Undertaking

This is to certify that, Mr./ Ms. -----(Name of applicant)-----
--- is working as a Full Time Professor/ Associate Professor/ Assistant Professor in our College/
University Department -----(Name of college/ Uni. Dept)-----
----- since dated -----/-----/----- . The information given by him/ her is
true and correct as per official record.

Name, Sign & Seal of Principal/ Head of University Department

Date:

Place:

Signature of Candidate

Date:

Place: