-ON INSTITUTIONAL LETTERHEAD-

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**HOSTEL ALLOTMENT CERTIFICATE**

**To Whomsoever It May Concern**

This is to certify that Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ pursuing post-doctoral research under DBT-Research Associateship (DBT-RA) Programme at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (university/ institute name) is residing in Room No. \_\_\_\_\_\_\_\_\_ of the hostel facility provided by this university/ institute, with effect from \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date of Joining).

 Guide Head of Department/ Academics

Signature & Stamp Signature & Stamp