

This is to certify that _____ (*Full Name of Student*) is a bona fide student of the _____ (*Name of Department, Name of Institute/University*) **He/She** has been enrolled in this Department since the _____ (*Date of admission*) and is currently pursuing the final year of the _____ (*Name of the Degree*) program, with Roll Number _____ (*Roll No.*) and Registration Number _____ (*Registration No.*).

If further declare that:

1. The **six-month** short-term training is a mandatory requirement for the partial fulfillment of **his/her** degree program.
2. **He/She** is presently in the final year of the said program and will be in the 4th semester of a Master's degree/ the 8th semester of a four-year undergraduate degree during the training period from January to June 2027.
3. He/She meets the eligibility criteria prescribed by NII
4. During the training period, he/**she** will be available full-time at NII.
5. All intellectual property rights and data generated during the training will remain the property of the National Institute of Immunology (NII).
6. The training is strictly for academic and research purposes, and **he/she** will comply with all rules and regulations of the host institute.
7. **He/She** will undertake the research training as assigned by the PI at NII.
8. A co-PI from our **University/Institute** may be included solely for administrative purposes, if required by the degree program. **(Please select: Required / Not Required)**
9. Our **University/Institute** has no objection to _____ (*Name of Student*) undertaking the **six-month** short-term training at NII.
10. **His/Her** academic qualifications are provided in the format specified in Annexure I

I hereby recommend and fully support **his/her** application for the **six-month training** at NII and kindly request your consideration.

Date:

Signature and seal of Head of Department/Institute

Place:

Fullname:

Official address:

Email and contact number:

Annexure-I

Academic qualifications

Name of the Candidate: _____

Degree Awarded	Board/Institute/University	Subjects	Year	Final Percentage Score	Final Grade points
10th Exam					
12th Exam					
Bachelor's Degree (For candidates in the final year of the bachelor's program, the average marks obtained up to the final year/semester must be provided)					
Master's Degree (For candidates in the final year of the master's program, the average marks obtained up to the final year/semester must be provided)					

Date:

Signature and seal of Head of Department/Institute

Place:

Fullname:

Official address:

Email and contact number: