

## Sponsorship Certificate for Ph.D. Programme

(A sponsored candidate must furnish this certificate along with the application form,  
printed on the letterhead of the organisation)

Certified that Mr./Ms. \_\_\_\_\_ an applicant selected for admission to the PhD programme in the Department \_\_\_\_\_ of the National Institute of Technology, Durgapur in the Odd Semester of the session 20 - 20 is employed with our organization named \_\_\_\_\_ and that he/she will be sponsored by us for undergoing the Ph.D. programme. The following are the relevant particulars, related to him / her:

- (1) Date of joining with the organization: \_\_\_\_\_
- (2) Present Designation \_\_\_\_\_ Nature of duty \_\_\_\_\_
- (3) Present place of posting \_\_\_\_\_
- (4) Period of sponsorship granted, from \_\_\_\_\_ to \_\_\_\_\_
- (5) Date of being relieved of duties to join the programme in the Institute \_\_\_\_\_
- (6) Total period of leave granted by the organization \_\_\_\_\_ Year \_\_\_\_\_ Months \_\_\_\_\_ Days for undergoing the programme (Residential requirement)
- (7) In the case of candidates who intend to apply, after academic registration in the Institute, for permission to work externally at the place of employment whether:
  - (a) Necessary research facilities are available in the organization \_\_\_\_\_
  - (b) The organization agrees to provide him/her those facilities \_\_\_\_\_
  - (c) Name & Designation of the expert in the organization can guide partly research work in this case if necessary (with a brief bio-data) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Certified further that his/her services with the Organization will be retained during the period he/ she carries out the studies / research work at NIT Durgapur and on completion thereof he /she will be accepted for joining back. It has been noted that for the sponsored students /scholars the NIT Durgapur does not have any financial commitment whatsoever and all necessary expenses for his/ her study will be borne by the Organization.

Date \_\_\_\_\_ Signature of Competent Authority \_\_\_\_\_

Full Name : \_\_\_\_\_

Designation : \_\_\_\_\_

Official Stamp : \_\_\_\_\_

Name & Designation of the expert in the organization can guide partly research work in this case if necessary(with a brief bio-data)\_\_\_\_\_

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Date\_\_\_\_\_

Signature of Competent Authority\_\_\_\_\_

Full Name :\_\_\_\_\_

Designation :\_\_\_\_\_

Official Stamp :\_\_\_\_\_

**N.B.: Please strike out the items not applicable. All the columns must be filled in; otherwise the Sponsorship Certificate will not be acceptable.**