

CONSENT FROM TEACHER INVESTIGATOR AND HEAD OF THE INSTITUTION

I hereby agree to be the Teacher Investigator for the proposed Vidyaposhini Fellowship project entitled.....
(Title of the project)" submitted by.....
..... (Name of the applicant) under the
.....(Name of Scheme) programme of DoECC and proposed to be carried out at
.....
(Name of the Department and College/ University).

I also agree to abide by the guidelines of the scheme for the successful implementation of the project.

Place :

Teacher Investigator

Date :

Signature :

Name & Address:

Name and Signature of Head of Institution

(Seal)