

Instructions: Please print this form on the letterhead of YOUR institution and fill it out in pen/type using block letters. Kindly make sure that the writing is legible. This letter is to be submitted in a single envelope along with the payment proof and the waiver of liability.

To:
Saad Rashid
Director Registrations
PsiFi IX

Subject: Institutional Consent for participation at the LUMS PsiFi IX

This is to certify that (Institute Name) _____ recognizes and allows
the delegation (Team ID) _____, under head delegate _____,
to participate LUMS PsiFi IX.

The team consists of the following members:

1. (Head delegate)
- 2.
- 3.
- 4.
- 5.

It is hereby confirmed that the above mentioned delegates are students of this institution and will be officially representing the institution at PsiFi IX.

DATE: _____

PRINCIPAL'S NAME: _____

PRINCIPAL'S SIGNATURE: _____

INSTITUTION INSIGNIA