**TO BE FILLED IN BY THE CANDIDATES WHO ARE EMPLOYED**

Name of the Institution where employed:

Designation:

Period of Employment: From :

To:

Whether Permanent/Temporary/Contractual/Ad-Hoc Project:

Brief Details about the nature of job\*:

Tel No.: Office: Residence:

\*Separate sheet may be used to furnish the details, if necessary.

(Certificate to be signed by the Head/Prinicipal of the Department/Institution/College where the candidate is employed)

1. I certify that Miss/Mrs./Mr

has been working in this Department/Institution/College/Project as

on a Temporary/Ad-Hoc/Contractual/Permanent capacity since

The present term of his/her appointment is upto

1. I further certify that ,iss/Mrs./Mr. will be granted leave to pursue the Ph.D. Course as required under the present rules of the Board Research Studies (Mathematical Sciences) and as may be amended from time to time.

Dated: Signature of the Head/Principal Institute/College

With seal