**SKILL DEVELOPMENT CENTRE**

**SCHOOL OF LIFE SCIENCES**

**UNIVERSITY OF HYDERABAD**

**PERMISSION FOR ATTENDING THE**

**LONG TERM RESEARCH INTERNSHIP / DISSERTATION WORK PROGRAM**

**(2022 – 2023)**

This is to certify that Miss / Mr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, is currently enrolled as a Graduate (final year) / Post graduate student in the Department of \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I recommend the application of Miss / Mr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the long term research internship / dissertation work program conducted by the Skill Development Centre, School of Life Sciences, University of Hyderabad.

She / he will be provided leave of absence to attend the internship.

Date: Signature of the Head of the Department

Seal