

## JAWAHARLAL NEHRU TECHNOLOGICAL UNIVERSITY HYDERABAD KUKATPALLY: HYDERABAD - 500 085 DIRECTORATE OF ADMISSIONS

## Admission into Sponsored Category Seats in M.Tech./M.Pharmacy Regular Programs 2024-25

## **SPONSORSHIP CERTIFICATE**

(This Certificate is to be signed by the Head of the Institution / Organization with his name and mobile number)

| This is to Certify that Shri/Smt/Kum  |                                  |                                      |                   |                     |                         |
|---|----------------------------------|--------------------------------------|-------------------|---------------------|-------------------------|
| S/o/Daughter of   |                                  |                                      |                   |                     | candidate applying for  |
| Admission into  |                                  | Cours                                | e of JNTUH is     | currently employe   | ed in Full-Time service |
| with  | Designation in our Organization. |                                      |                   |                     |                         |
| The Details of his / her employment are give  | n below:                         |                                      |                   |                     |                         |
| 1. Name and Address of the Organization   | :                                |                                      |                   |                     |                         |
| <ul><li>2. Status of the Organization</li><li>3. Date of joining the Organization</li></ul> | : Govt. Depar                    | rtment / Public S                    | Sector Undertakin | ng / Private Sector | Enterprises             |
| 4. (a) Present Position and date of appointm  | ent/promotion                    | to this Post :                       |                   |                     |                         |
| (b) Scale of pay and total monthly Salary   | :                                |                                      |                   |                     |                         |
| 5. Total periods of full time service in this C   | rganization:                     |                                      | Years             | Months              |                         |
| 6. This Office/Organization has NO OBJEC Sponsored Category of JNTUH, if selected           |                                  |                                      |                   |                     | ull Time Program under  |
| Date :<br>Place :   |                                  | Name:<br>Designation:<br>Mobile No.: |                   |                     |                         |
| Seal of Office  |                                  |                                      | Signature of      | Head of the Orga    | nization                |

Note: Private Sector Organization shall furnish documentary evidence for recognition, such as TGGST/APGST Registration, Industry license, Approval / license from concerned Government or Public Sector Departments.