



भारतीय प्रौद्योगिकी संस्थान भुवनेश्वर  
INDIAN INSTITUTE OF TECHNOLOGY BHUBANESWAR

**NO OBJECTION CERTIFICATE**

**(For a project staff working in a Sponsored Project, to apply for IIT Bhubaneswar MS.R Programme)**

I, Mr/Ms \_\_\_\_\_, am presently working as project staff in the Sponsored project entitled \_\_\_\_\_ with Project Code \_\_\_\_\_ and \_\_\_\_\_ (Name) of \_\_\_\_\_ (School Name) as Principal Investigator (PI) and \_\_\_\_\_ (Name) of \_\_\_\_\_ (School Name) as Co-Principal Investigator (Co-PI), if applicable.

I may kindly be permitted to apply for the MS.R programme of IIT Bhubaneswar. If I am selected for MS.R programme, I may please be allowed to register for the MS. R programme in Autumn/Spring Semester while availing the fellowship from the project.

**(Name & Signature of Project Staff)**

The remaining period of the budget (for this project) under manpower head is \_\_\_\_\_ (should be at least 2 years from the date of MS.R enrolment in Autumn/Spring Semester as per the academic calendar) and the remaining tenure of this project is \_\_\_\_\_. The budget available under manpower head of the above project is \_\_\_\_\_ per month, per staff .

**Recommended for consideration.**

**(Name & Signature of PI)**

**(Name & Signature of Co-PI)**

**Head of School**

**Deputy/Assistant Registrar (SRIC)**

**Dean (SRIC)**

**Dean (PGRP)** \_\_\_\_\_

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**N.B.: This document, after duly signed, should be uploaded while submitting online application for MS.R admission.**



### **SPONSORSHIP CERTIFICATE**

(This certificate must be furnished by a sponsored candidate at the time of application)

Certified that Mr. / Ms. \_\_\_\_\_ an applicant selected for admission to the Master of Science (by Research) Programme in the Department / Centre / School \_\_\_\_\_ of the Indian Institute of Technology, Bhubaneswar -752050 in the Autumn (July) / Spring (January) Semester of the session 20\_\_\_\_ to 20\_\_\_\_ is employed with our organization named \_\_\_\_\_ and that he / she has been sponsored by us for undergoing the programme ; the followings are the relevant particulars, concerning him / her ;

(1) Date of joining the organization: \_\_\_\_\_

(2) Nature of appointment: (a) Permanent (b) Temporary for \_\_\_\_\_ years,  
OR (c) Contract, valid up to \_\_\_\_\_

(3) Present Designation \_\_\_\_\_ Nature of duty \_\_\_\_\_

(4) Present place of posting \_\_\_\_\_

(5) Period of sponsorship granted, from \_\_\_\_\_ to \_\_\_\_\_

(6) Date of being relieved of duties to join the programme in the Institute \_\_\_\_\_

(7) Total period of leave granted by the organization \_\_\_\_\_ Year \_\_\_\_\_ Months \_\_\_\_\_ Days  
for undergoing the programme (Residential requirement)

(8) Kind of leave granted:

(a)	With full pay	from		to	
(b)	With half-pay	from		to	
(c)	Without pay	from		to	

(9) In the case of candidates who intend to apply, after enrolment in the Institute, for permission to work externally at the place of employment whether :-

(a) Are the necessary research facilities are available in the organization YES \_\_\_\_\_ NO \_\_\_\_\_

(PTO)

(b) The organization agrees to provide him / her those facilities \_\_\_\_\_

(c) Name & Designation of the expert in the organization who can partly guide the research work.

In such a case a brief bio-data should be attached \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Certified further that his / her services with the Organization will be retained during the period he / she carries out the studies / research work at IIT, Bhubaneswar and on completion thereof he /she will be accepted for joining back. It has been noted that for the sponsored students / scholars the Institute does not have any financial commitment whatsoever and all necessary expenses for his / her stay and study/ work there be borne by (a) himself / herself, **OR** (b) the Organization, **OR** (c) partly by himself /herself and partly by the Organization.

In the event of there being any outstanding dues in the Institute on his / her account we agree to arrange for the recovery thereof.

Date \_\_\_\_\_

Signature of Competent Authority \_\_\_\_\_

Full Name : \_\_\_\_\_

Designation : \_\_\_\_\_

Official Stamp : \_\_\_\_\_

**N.B.: Please strike out the items not applicable. All the fields must be filled in otherwise the Sponsorship Certificate will not be accepted.**