

INSTITUTIONAL ENDORSEMENT CERTIFICATE

Date of Issue:

[DD/MM/YYYY]

Institution Name:

[Full Name of the Institution]

Institution Address:

[Complete Address]

Endorsed Individual/Project Name:

[Name of Individual or Project]

Purpose of Endorsement:

[Brief Description of Purpose]

Details of Endorsement:

[Any specific details or conditions relevant to the endorsement]

Period of Validity:

[Valid From DD/MM/YYYY to DD/MM/YYYY]

Authorized Signatory

[Name & Designation]

[Institution Seal (if required)]

Date

[DD/MM/YYYY]

Important Notes:

- This certificate is valid only when signed and sealed by the authorized institutional authority.
- Any alteration or falsification will render the certificate invalid.
- Keep this document safe; duplicate copies may not be issued.
- The endorsement is subject to verification by the issuing institution.