

**Certificate from the Head of the Department/Competent Authority of the College/Institute**

This is to certify that Mr/Ms. ....is a ..... year MBBS student of in.....(University/Institute/College). He/she is interested in the Medical Students Research Training (MedSRT), 2018 at the CSIR-Centre for Cellular and Molecular Biology, Hyderabad and we have no objection in him./her enrolling for the same.

Place:

Signature and Seal of  
Head of the Department /University/College  
Principal/Head of the Institute