**(To be provided on the Letter head of the Grantee Institution)**

 **Date :**

 **Place:**

**AUTHORIZATION LETTER**

This is to certify that  Faculty Name  ---------------- Principal Key Investigator of the

Present Proposal is a full time, permanent faculty of the applicant entity name ..........................and authorized

to apply on behalf of the Organization, for financial support under Establishing

preclinical models for Drug discovery.

 **Name & Signatures of the Head of the**

**Institution/ Authorised Signatory**