

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

This is to certify Mr/Ms_____is a_____year
MBBS student in _____
(University/Institute/College). He/She is interested in the Medical Students
Research Training (MedSRT), 2025 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