M/s Sriram Institute of Marine Studies New Delhi

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SNo** | **Faculty name** | SUDHIR KUMAR NIJHAWAN | **Rank** | HEAD OF INSTITUTE |
|  | INDoS No | 09EL4010 | CoC No | IE10977 |
|  | DOB | 01-11-1955 | Passport No | K6593384 |
|  | Contact No | 9810292347 | Whats up No | 9810292347 |
|  | E Mail id | Nijhawan.sudhgir@gmail.com | Substitute Mob: | 9810478067 |

**2. Address/ Residential/Permanent**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | House No | 35 | Street /Gali | NAVJEEVAN VIHAR |
|  | Sector/Village | - | Post/Tehsil | - |
|  | City | NEW DELHI | District | DELHI |
|  | State | DELHI | Pin code | 110017 |

3. **Tentative commitment to teach till date/month**- Five Years till retirement as per DGS guidelines.

I hereby confirmed that self has been/shall/ submitting this consent of faculty to teach in M/s Sriram Institute of Marine Studies New Delhi MTI No 101005 for a period of \_\_\_\_\_FIVE(5) Years\_\_\_  year/months or till the completion of my previous engagement contract.  I understand that the institute conducts DG Shipping approved courses only and in case any violation of any directives/guidelines of the DGS shall not be done by me

The above details are true to best of my trust Knowledge and belief.

Signature of the individual     -Sudhir Kumar Nijhawan

|  |  |  |  |
| --- | --- | --- | --- |
| Date : | 8th March , 2021 | Name Sudhir Kumar Nijhawan |  |
| Place | Delhi | Rank Head of Institute |  |

 Office action:

Received above consent from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Rank \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On Dated \_\_\_\_\_\_\_\_\_\_\_\_\_ and submitted to  Head of Institute for information and necessary action.

The same has been verified/checked and found in order. Forwared to executive Director for further necessary action.

Date    :  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                 HOI Signature with date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_