Form of Consent to be submitted by the consultant/Visiting/full time faculty to M/s Sriram Institute of Marine Studies New Delhi

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SNo** | **Faculty name** |  | **Rank** |  |
|  | INDoS No |  | CoC No |  |
|  | DOB |  | Passport No |  |
|  | Contact No |  | Whats up No |  |
|  | E Mail id |  |  |  |

**2. Address/ Residential/Permanent**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | House No |  | Street /Gali |  |
|  | Sector/Village |  | Post/Tehsil |  |
|  | City |  | District |  |
|  | State |  | Pin code |  |

3. **Tentative commitment to teach till date/month**- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 \_\_\_\_\_\_\_\_ 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Date : |  | Name |  |
| Place |  | Rank |  |

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. Forward to executive Director for further necessary action.

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