-ON INSTITUTIONAL LETTERHEAD-

Date: \_\_\_\_\_\_\_\_\_\_\_

**HRA CLAIM CERTIFICATE**

**To Whomsoever It May Concern**

This is to certify that Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ pursuing post-doctoral research under DBT-Research Associateship (DBT-RA) Programme at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (university/ institute name) is NOT availing hostel accommodation provided by the institute with effect from \_\_\_\_\_\_\_\_\_\_\_\_ (Date of Joining).

 Supervisor/ Guide Head of Department/ Academics

Signature & Stamp Signature & Stamp