

From
Name as per the Certificate:
Date of Birth:
Place & Country of Birth:
Total Experience:
Qualification obtained:
Communication Address:

To
Dr.K.Rajendran, Phd., PDF (Aerospace)., SFSIESRP., SFISME., AMSAE(USA).
Director & Secretary
The Society of Innovative Educationalist & Scientific Research Professional Chennai
Call & Whats App: 90035 71691, 96776 92289

Sub: Application for Master Degree Program

Specialization:

Declaration & Authorization Letter

I, (Name of the Candidate), Indian Passport No: Expiry Date, hereby declare that all the information/certificates/ submitted by me to your organization /society/institution /university/college is correct, true and valid.

I will present the supporting ORIGINAL documents as and when required.

Also, I hereby authorize your organization/institution/professional society on behalf of me to submit the formal education & full academic credentials to the Professional Evaluator of any one officially well established, incorporated and licensed with registration no. of the State/Federal govt. In the United States of America as per the regulations, operating procedure of the title of University, Accredited/Non Accredited /Traditional/Non Traditional, off campus, Distance - continuing - online educational services, and I accept the Degree awarded by the University which is based on my credentials as per the above for the equivalency certificate of USA. I, also authorize the foreign university to verify my previous certificates with the concern.

Further, I will abide and agree to pay directly in person, the necessary agreed fee as per the discussion towards the registration, admission, evaluation report, mentor guidance, dissertation, paper publication, interview, online examination, transcript, degree certificate, Professional ID, Fellow grade membership, editorial board, professional guidance, international postal charges, etc. I will not request, claim the refund for what so ever reasons legally and illegally, since my payment credited with the concern to obtain the necessary documents.

Thanks for your cooperation.

Yours Faithfully

Name:

Date:

Place:

Signature