Date:	
To, Dr Nitin Rane President Consortium for Promoting Internationalization Madhya Pradesh	
Sub: Consent to join the Consortium of Universities in for promoting Internationalization objectives.	
Type of University/Institution: (Kindly tick the appropriate option)	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Central University
	State University
	State Private University
	Deemed to be University
	Autonomous Institution
	Affiliated Institution
Dear sir, On behalf of	
We shall join hands to create a collaborative ecosystem for promoting Internationalization and agree to cooperate with the Consortium for activities pertaining to Internationalization.	
The following shall be the SPOC from our organisa Name of SPOC:	tion:
Designation:	
Email id:	Contact Number (Whatsapp):
Thanking you,	
Regards	
(Signature of the Vice Chancellor/Head of Instituti	on) SEAL OF THE ORGANISATION
Name:	