M/s Sriram Institute of Marine Studies New Delhi

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| **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**

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| --- | --- | --- | --- | --- |
|   | 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

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| 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_