

## **No Objection Certificate**

Mr./Ms. \_\_\_\_\_ is a full-time student of the \_\_\_\_\_ Semester  
of the \_\_\_\_\_ program in the Department of  
\_\_\_\_\_ at \_\_\_\_\_ (Name of  
Institution).

The information provided by the student in the application for the IIST Internship Program is true to the best of my knowledge. The student will be permitted to attend the Internship Program at the Indian Institute of Space Science and Technology (IIST), Trivandrum, Kerala, from \_\_\_\_\_ to \_\_\_\_\_.

Name and signature of the Head of Institution/Department  
(With date and seal)