

**UNITED STATES-INDIA EDUCATIONAL FOUNDATION**

**Fulbright House, 12 Hailey Road, New Delhi 110 001**

**2024-2025 Fulbright-Nehru Visiting Chair at the University of Massachusetts Amherst**

**LETTER OF SUPPORT FROM HOME INSTITUTION**

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| Name of Applicant |
| Position |
| Department |
| Institution |
| City |

**Instructions to the applicant:** At the time of submitting the application, if employed, you should obtain the *letter of support from your home institution* for your Fulbright-Nehru application. Please obtain the endorsement from the appropriate administrative authority (e.g., Vice-Chancellor/Registrar/Principal/Director) and **not** the immediate supervisor or head of the department.

You must submit a copy of your proposal and resume to your employer along with this form. Please request the employer to return the signed letter of support to you so that you can scan and upload it on the **Letter of Support from your Home Institution** of your online application as per the instructions (see FNVC Applicant Instructions). The employer also has the option of sending this form directly to the **Senior Program Officer-Indian Program, United States-India Educational Foundation, 12 Hailey Road, New Delhi** at[**fnvc@usief.org.in**](mailto:fnvc@usief.org.in)to reach no later than **September 18, 2023**.

**Note to the employer:** Please review the application and indicate if you support it. Your opinion about the usefulness of the fellowship to the institution as well as to the applicant on his/her return from the U.S. is invited. Also specify whether the applicant will receive leave for the fellowship period, if selected. Please return this form to the applicant. Or please send this form directly to the **Senior Program Officer-Indian Program, United States-India Educational Foundation, 12 Hailey Road, New Delhi** at[**fnvc@usief.org.in**](mailto:fnvc@usief.org.in) to reach no later than **September 18, 2023**.

**Employer’s Comments:**

**Employer's Signature:**

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| --- | --- | --- | --- |
| **Date:** |  | **Name:** |  |
| **Official Seal:** |  | **Designation:** |  |