

**PROFORMA - I**

To,

**The Director,**  
**UGC-Malaviya Mission Teacher Training Centre (MMTTC)**  
University of Lucknow, Lucknow

**Subject:** Relieving Certificate

Sir,

This is to certify that Dr./Mr./Ms. ....

Assistant Professor/Associate Professor, Department of.....

University/College District where you appoint.....and

State Pin Code..... College affiliated to which University.....

.....

Is being relieved from.....to.....to attend

FIP/Refresher course/Short Term Course schedule from.....

Signature of  
Competent Authority  
With Seal