Date: _____

Endorsement Certificate

This is to certify that **Dr./Mr./Ms.** _____,

enrolled in _____ (Course/Programme), Department of _____,

is a bonafide student of _____ (Name of Institution),

admitted on _____ and is currently in _____ year/semester of the said programme.

The student is hereby granted **No Objection / Permission** to participate in the **1st AIIMS Obesity Summit**, organized by the Department of Medicine, **All India Institute of Medical Sciences (AIIMS), New Delhi**, scheduled on 5th and 6th September 2026

Signature: _____

Name: _____

Designation: _____

Department: _____

Institution: _____

Official Seal / Stamp

Date: _____ **Place:** _____