

RECOMMENDATION FORM

ALLIED HEALTHCARE PROFESSIONALS

(Print on Institution Letterhead)

I am writing to recommend _____, currently working as _____ in the department of _____, and he/she is a PG student, to attend the ISNCON – 2026, Kochi, Kerala scheduled to be held from 17th to 20th December 2026.

Student Details:

Full Name : _____

PhD/Nursing/Technician : _____

Institution : _____

Email ID : _____

Contact Number : _____

I fully support and recommend _____ (Student Name) for attending the above conference and request approval for the same.

Sincerely,

Name of Recommending Doctor : _____

Designation : _____

Department : _____

Institution : _____

Email ID : _____

Phone Number : _____

Signature : _____

Date : _____

Note:

- Kindly carry the original Recommendation Letter at the time of badge collection.
- Without the original letter, registration will not be considered valid.
- If the recommendation is found to be fake or duplicate, the registration will be cancelled/null & void.