

RECOMMENDATION FORM
ALLIED HEALTHCARE PROFESSIONALS

I am writing to recommend _____, currently working as _____ in department of _____ and he/she is a _____ student, to attend the ISNCON – 2025, Lucknow, Uttar Pradesh scheduled to be held on 18-21st December' 2025 in SGPGI, Lucknow, Uttar Pradesh.

Student Details:

Full Name :
PhD/Nursing/Technician :
Institution :
e-mail ID :
Contact Number :

I fully support and recommend _____ (Student's Name) attendance at the said conference and request approval for the same.

Sincerely,

Name of Recommending Doctor :
Designation :
Department :
Institution :
e-mail ID :
Phone Number :
Signature :
Date :

Note:-

Kindly carry original Recommendation letter at the time of batch collection with original letter no registration will be done.

If recommendation found to be fake or duplicate the registration will be null and void