
APPENDIX – III CONSENT LETTER (Agency Supervisor)

This is to certify that the internship in MPCE 015/MPCE 025/MPCE 035 for the partial fulfillment of **MAPC Programme** of IGNOU will be carried out by Ms./Mr./Dr.

_____ **Enrollment No.** _____,

under my supervision.

(Signature)

Name of the Supervisor:

Designation:

Address:

Date: