

(Letter should be prepared on letter head of the Concern Institute / University / Organization)

Letter No: / /

Date : / /2017

To

**Dr. Kalidas D. Chavan
Registrar,
Maharashtra University of Health Sciences,
Dindori Road, Mhasrul,
Nashik – 422004**

Subject: Letter of Intent to Collaborate with Maharashtra University of Health Sciences
Nashik, Maharashtra, India

(Name of Institute/University/Organization) from **Country** accept your invitation to collaborate with the Maharashtra University of Health Sciences Nashik, Maharashtra, India and would be willing to receive further communication to move this collaboration further.

Our interest areas are marked in the options given below.

- Student Exchange Programs
- Faculty Exchange Programs
- Scholarship
- Conferences / Workshops
- Research Collaborations
- Certificates, Fellowship, Diploma, Degree Joint / Dual Degree Programs

Authorized Signatory of participating Institution / University / **Organization**

(Name of Institute)

Signature of Authorized person:

Date: _____