**To:** India RISE Fellowship Selection Committee

**From:** [Dr. Name], [Title], [Department], [Institution Name]

**Date:** [Insert Date]

I am writing to confirm institutional approval for **Dr. [Applicant’s Full Name]** to participate in the **India RISE Fellowship (January–December 2026)**.

Dr. [Applicant’s Last Name] is currently affiliated with the [Department/Division Name] at [Institution Name]. The institution fully supports her participation in this fellowship and acknowledges the time commitment required for her engagement in the program’s research training, mentorship, and Capstone Project components.

We understand that the India RISE Fellowship is a professional development initiative focused on advancing research and leadership capacity among early-career women in STEMM health and medicine. The institution is committed to facilitating Dr. [Applicant’s Last Name]’s participation and will provide her with the necessary administrative and academic flexibility to complete the fellowship requirements successfully.

Please feel free to contact me if any additional information or documentation is required.

Sincerely,
[Dr. Full Name]
[Designation]
[Institution Name]
[Official Seal or Letterhead]
[Email & Phone Number]