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**Employer’s Endorsement Form**

To be submitted on official letterhead, dated, and signed by the competent authority (Vice- Chancellor / Registrar / Principal /Director /Head of the Department)

I (*name of the Competent Authority) hereby* give permission to

* *name of candidate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*
* *date of birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*
* *position/designation of the candidate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*
* *employed since month / year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

to follow the research pertaining to his/her post-doctoral, doctoral Course/ Internship/ Project/ Module Course

* [*name ​​course or fellowship/scholarship]* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* from [*start date]* to *[end date*] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* at [*educational institution, place*.]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I declare that

1. **I assure that he/she will be allowed to take leave for the fellowship period;**
2. **I am available to answer questions concerning the fellowship application of this candidate;**
3. **I am willing to cooperate with SICI for evaluation purposes of the candidates application;**
4. **The information provided in this letter and attachment is true and correct.**

**Employer’s Comments: Employer's Signature:**

 Date: Name:

Official Seal: Designation: