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**Employer’s Endorsement Form**

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

I (*name of the superior of the candidate*) hereby give permission to

* *name of candidate*
* *date of birth*
* *position*
* *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.**

A plan to implement the newly-acquired knowledge by the candidate is approved by me and attached to this form separately.

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

 Date: Name:

Official Seal: Designation: