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**Employer’s Endorsement Form**

**(Post-Doctoral & Doctoral Candidates)**

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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at Indian/Canadian [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 Signature: Official Seal/Stamp**

Designation:

Date: