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**Employer’s Endorsement Form**

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

I (*name of the Competent Authority) hereby* give permission to my employee apply under Shastri Programme Development Grant (SPDG)

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

I declare that

1. **I am available to answer questions concerning the application of this candidate;**
2. **The information provided in this letter and attachment is true and correct.**

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

Date: Name:

Official Seal: Designation: