

**ANNEX III**

**EMPLOYMENT CERTIFICATE**

The undersigned hereby certifies that Ms./Mr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, ID Nº\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, is currently employed by this institution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, whose role is described below, during the specified period.

|  |  |  |
| --- | --- | --- |
| **ROLE** (specify the roles performed during the period and the number of staff under your supervision, if applicable). | From  day/month/year | To  day/month/year |
|  |  |  |
|  |  |  |
|  |  |  |

If accepted for the South-South Cooperation Scholarship Program, AGCI - Universidad Católica del Norte, the applicant is authorized to participate during their working hours on the dates determined by organizers of this International Course. Once the course is concluded, the organization shall give support as needed for the proper implementation and sharing of the knowledge gained.

Institutional Seal

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| --- |
| (Signature) |
| **SUPERVISOR NAME** |
| ID N°  (Position) |
| Institution |
| Telephone |

Place, date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_