

CERTIFICATE OF EMPLOYER

TO BE ATTACHED TO COMPLETED APPLICATION FORM

Application for Scholarship

Country: _____

Scheme: _____

Course of Study

1. _____

2. _____

3. _____

This is to certify that Mr/Miss/Mrs _____

is an employee of _____

2. (i) His/her application is/is not recommended.
- (ii) The course of study applied for meets/does not meet an essential need of this Ministry/Department/Institution.
- (iii) The applicant will be/will not be released in the event of his/her being nominated by the High Powered Scholarships Committee.

Name: _____

Designation: _____

Signature: _____ Date _____

Note: (a) Delete as appropriate

(b) Application without seal, will not be considered.