

**ANNEX III**

**WORK CERTIFICATE**

The undersigned certifies that Mr./Mrs\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Identification Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, is currently working at the institution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, in the specific functions that are detailed below, during the time indicated..

|  |  |  |
| --- | --- | --- |
| **FUNCTION (**indicate in detail the responsibilities exercised during the period and in the event that personnel had been in charge, indicate the amount of collaborators) | From  month/day/year | To  month/day/year |
|  |  |  |
|  |  |  |
|  |  |  |

In case of being selected by the AGCID – University of Chile Scholarship Program, the candidate is authorized to participate and dedicate part of their working day on the dates determined by the organizers of the International Course. At the end of the academic program, the institution undertakes to provide the necessary support for an adequate application and transfer of the knowledge received.

Institutional Stamp

|  |
| --- |
| (Signature) |
| **SUPERVISOR’S NAME** |
| Identification Number  (Position) |
| Institution |
| Contact Phone Number |

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