To:

Operating Committee

The Project for Human Resource Development Scholarship

by Japanese Grant Aid (JDS) **for Doctor’s degree program** 2020

Date (D/M/Y)………./…………. /…………

**Employment Certificate**

We certify that a person mentioned below is employed by our organization

as a \_(Position)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please tick one box* ☑ (□Permanent staff (Public Servant) / □Contract staff)

since \_(day/month/year)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Name: Mr./Ms

(Applicant’s name)

Employment Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Current Position

Department

Date of Birth

Issued by:

|  |  |
| --- | --- |
| Name |  |
| Title |  |
| Organization |  |
| TEL / FAX |  |
| Address |  |
| Signature and Stamp |  |