



WORK CERTIFICATE

I certify that Mr./Mrs.		entification Number
, currently works in the Orga in the functions specified below, during the time indic	nisation	
in the functions specified below, during the time maid	aleu.	
FUNCTION (indicate in detail the responsibilities	From	Until
exercised during the period and in the event that	day/month/year	day/month/year
he/she has personnel under his/her charge,		
indicate the number)		
		•
In case of being selected by the postgraduate D		
sciences and the scholarship of AGCID/University of		
to Chile in the dates of this call. Upon his/her return		
the necessary support for the proper application and	transfer of the knowle	dge received and the
implementation of the Plan of action.		
(Signature)	Official	Stamp
(Signature)		
NAME of HEAD	V	V
Identfication Number		
(Designation)		
Institution		
Telephone		
Pla	re date	