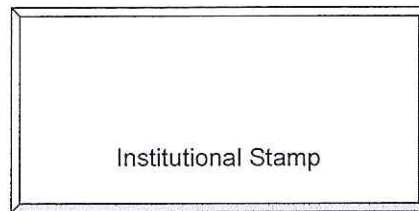


**ANNEX III
WORK CERTIFICATE**

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 South - South Cooperation 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.



(Signature)

SUPERVISOR'S NAME
 Identification Number
 (Position)
 Institution
 Contact Phone Number

Place, date _____