

ANNEX III

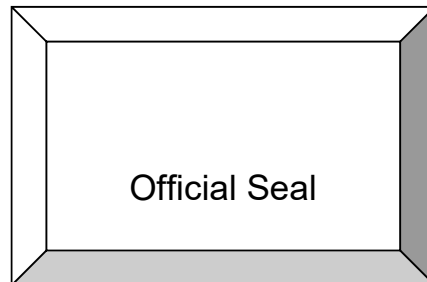
LABOR CERTIFICATE

The undersigned hereby certifies that Mr./Ms. _____, identity card N° _____, is currently working in the institution _____, in the specific functions detailed below, during the indicated time.

FUNCIÓN (indicate in detail the responsibilities exercised during the period and, in the event of having had personnel in charge, indicate the number of collaborators)	From day/month/year	To day/month/year

In case of being selected by the Scholarship Program by South - South Cooperation - AGCID - University of Chile, the candidate is authorized to participate and dedicate part of his or her working day on the dates specified by the International Course executors. The organization is committed to providing the necessary support for an adequate application and transfer of knowledge received and the implementation of its action plan.

 (Signature)
NAME OF THE HEAD OF DEPARTMENT
 Identity Card Number
 (Position)
 Institution
 Telephone Contact



Location, date _____