

Employer Consent Form

This is to acknowledge that Mr./ Ms. _____ who is presently working and has been employed with the organization since _____ (Month, Year). Mr./ Ms. _____ has applied for the BITS Pilani. _____ (program) designed specifically for working professionals.

Brief Work Profile of Employee: _____

This is to certify that our organization supports and participates in this cooperative effort for conducting the work-integrated learning programme. We feel that this programme will be useful to the employees for their growth and also for our organization.

We are willing to nominate a qualified senior professional from our organization who will agree to act as a mentor and resource person for providing support from time to time. In case we are unable to provide mentor from our organization, we in principle approve the selection of mentor from elsewhere as per the requirements of BITS Pilani.

Regards,

Name of the Authorized signatory: _____

Designation: _____

Department: _____

Employee ID: _____

Location: _____

Corporate address: _____

