SECTION 2: EMPLOYER CONSENT FORM (This section must be duly filled in by all employed candidates)

Name of Employing Organization : Necron IT Solutions Pvt.Ltd

Name of Employee: RAJ SUBASH.B

Employee Number: T1640

Designation of Employee: TEST ENGINEER

Date of Joining the Organization: 01-07-2018 (Day/Month/Year)

Degree Programme applied for: M.Tech. Software Systems

Work Profile of the Employee : _____

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This is to certify that our organization strongly supports and willingly 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 understand that this programme will be run on the same standard and rigour with which corresponding program are run on campus at BITS, Pilani. We agree to give all our cooperation in maintaining its standards.

We are Willing to participate in this educational process also by nominating a qualified senior professional from our organization /associate organization who will agree to act as a mentor and resource person for Strengthening work-study integration. This mentor will also help in giving suitable organization-based assignments and projects, which will add value to the programme and also will become useful for the organization. In case we are unable to provide mentor from our organization /associate organization, we in principle approve the selection of mentor from another organization as per details in Section 3 Of this application form.

Regarding the fees for the programme: (Please tick appropriate box):

(a) Our Organization will not pay the fees and dues of the employee. ☑

(b) Our Organization will partly pay fees and dues of the empioyee. ☐

(c) Our Organization Will fully pay all fees and dues of the employee. ☐
Note: If you ticked 'b', what percentage of the fees would be paid by you:_____

Signature of authorized signatory from organisation:_____

Name of authorized signatory from organisation:_____

Designation of authorized signatory from organisation:_____

Address of the Organization:_____

_____

_____

Date:_____   _____

                                                                              Seal of the Organisation