## **CERTIFICATE BY SPONSORING AUTHORITY**

(On company letterhead) (To be completed by the sponsoring authority in case of the candidate sponsored by organization)

We certify that Mr./Ms./Mrs.		is working with
us as	and is hereby nor	ninated for the course of Post Diploma in
Industrial Safety to be conducted	by the Gujarat Institute	of Disaster Management, Gandhinagar
during the year		
We undertake to bear his/h	er tuition fees, lodging ar	d boarding charges.
Name:		
		Pin:
Tel:	Fax:	Mobile:
Email:	Website:	
Place:		
Date:	-	

Signature with Stamp