

## ANNEXURE 4

### ENDORSEMENT BY THE EMPLOYER

No.....

Date .....

Forwarded to the REGISTRAR, Postgraduate Institute of Medical Education and Research, Chandigarh for consideration.

The undersigned has no objection to the applicant of Dr. \_\_\_\_\_ being considered by the Institute for the course applied for by him/her and if selected, he/she will be relieved within, the prescribed time limit. The applicant is

- ☐ "sponsored /deputed" or
- ☐ "not sponsored /deputed"

by us and the sp.onsorship/deputation certificate is enclosed.

Address \_\_\_\_\_  
\_\_\_\_\_

Signature of employer  
with official seal

\*Strike out whichever is not applicable