

Procedure for change of employing organization

Important Instructions:

If you are changing employer from industry to educational institution, then in addition to getting the employer proforma duly filled-in, it is **MANDATORY** for you to get a strong support letter from the head of your educational institution such as **Vice-Chancellor or Registrar of the University** in their letter head referring your Name and Identity Number stating that Your Undergoing this degree is vital to your institution's development as well as for your career advancement and that your Institution strongly supports your candidature for the continuation of the enrolled degree programme.

EMPLOYER PROFORMA

ID_No. :

Student's Name :

Name of Employing Organization :

Student's Designation:

Date of Joining Organization :

Email Address :

Web-site Address of Employing Organization :

This is to certify that our organization strongly supports and willingly participates in this cooperative effort for conducting work-learning integrated educational degree programme. We feel that this programme will be useful to the employees for their growth and also for our organization. We are willing to participate in this educational process also by nominating a qualified senior professional 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. We understand that this programme will be run on the same standard and rigour with which corresponding programmes are run on campus at BITS, Pilani. We agree to give all our cooperation in maintaining its standards. In addition to the above, regarding the fees for the programme our organization agrees to one of the following: (Please enter a, b or c in the box):

- (a) (a) Our Organization will fully pay all fees and dues of the employee
- (b) (b) Our Organization will partly pay fees and dues of the employee
- (c) Our Organization will not pay the fees and dues of the employee

N.B.: If you enter 'b', specify the percentage of the fees would be paid by you:

Postal Address of the Organization:

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Name of authorized signatory from organization:

Designation of authorized signatory from organization:

Phone, Fax and Email of authorized Signatory:

Signature of authorized signatory from organization:

Date:

Seal of the Organization

Encl: (a) New company's profile and / or brochure

(b) Student's Job profile in the new organization duly forwarded by the employer.

(c) Duly filled in Proforma for the change of mentor downloaded from BITS Website

(d) Letter from the Vice-Chancellor or Registrar of the University (if applicable).