

**UNITED STATES-INDIA EDUCATIONAL FOUNDATION**

**Fulbright House, 12 Hailey Road, New Delhi 110 001**

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**2024-2025 Fulbright-Nehru Doctoral Research Fellowships**

**FNDR Employment Endorsement Form**

|  |  |
| --- | --- |
| Name of Applicant |  |
| Position |  |
| Department |  |
| Institution |  |
| City |  |

**Instructions to the applicant:** If employed, you should obtain the employer’s endorsement for your Fulbright-Nehru application. Please obtain the endorsement from the appropriate administrative authority (e.g., Vice Chancellor/ Registrar/Principal/Director) and **not** the immediate supervisor or head of the department. (***This form should not be completed by applicants receiving fellowship from UGC, CSIR, ICMR etc.)***

You must submit a printout of your Fulbright-Nehru application to your employer for the employer’s endorsement along with this form. Please request the employer to return the signed Employer’s Endorsement Form to you so that you can scan and upload it on the **Additional Documentation** section under **Additional Information** of your online application. The employer also has the option of sending the signed form directly to the **Senior Program Officer,** **Indian Program, United States-India Educational Foundation, 12 Hailey Road, New Delhi** at [dr@usief.org.in](mailto:dr@usief.org.in) no later than **July 17, 2023**.

**Note to the employer:** Please review the application and indicate if you support it. Your opinion about the usefulness of the fellowship to the institution as well as to the applicant on his/her return from the U.S. is invited. Also specify whether the applicant will receive leave for the fellowship period, if selected. Please return this form to the applicant. Or please send the signed form directly to the **Senior Program Officer,** **Indian Program, United States-India Educational Foundation, 12 Hailey Road, New Delhi at** [**dr@usief.org.in**](mailto:dr@usief.org.in)no later than **July 17, 2023**.

**Employer’s Comments:**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Employer's Signature:** |  |
| **Date:** |  | **Name:** |  |
| **Official Seal:** |  | **Designation:** |  |