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| **NOMINATION FORM**  **(By the Supervisor of the Applicant/Nominee)**  ***Please provide your statements in less than 250 words per question. This form should not go beyond one page. Once complete, append your signature, convert this document into a single PDF, and upload it to the application portal.*** |

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| Nominating Organization: | |
| Name and Designation of the applicant’s supervisor: | |
| Mobile Number: | Email Address: |
| **Please state briefly the nominee’s involvement and performance in your organization. (250 words or less)** | |
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| **How will the program benefit the nominee, your organization, and your stakeholders? (250 words of less)** | |
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The undersigned, representing **[Nominating Office],** hereby certifies the nomination of **[Name of Nominee]** for the ***SEARCA Agri-Innovator Program***. The nominee is an active member of our staff working on programs, projects, or activities related to agricultural and rural development (ARD). He/She is not of retirement age, possesses a good command of the English language, is physically fit for travel, and is capable of fully engaging in the program. Furthermore, we confirm that upon completion of the program, the nominee will return to our organization and resume his/her duties.

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**Signature over the printed name of the Supervisor**