

र्धराष्ट्रकारम्बा प्रदेश प्रदे

Royal Government of Bhutan Ministry of Industry, Commerce and Employment Department of Employment and Entrepreneurship

ANNEXURE IV LETTER OF UNDERTAKING (EMPLOYER)

I,	1	Name of the Employer	bearing (Citizenship Identity Card (CID)			
Jo	ob De	signation of the Employer	, of	Agency Namehe	ereby undertakes that:		
1. I have been briefed on the YELP terms and conditions.							
	2.	2. I understand that the candidate is providing skills, competencies and time towards the					
		development of my organization during the period of engagement.					
	3	I shall ensure that the	candidate	es acquire the necessary skills and	1 knowledge from the engageme		

- 3. I shall ensure that the candidates acquire the necessary skills and knowledge from the engagement and work towards the regularization of his/her services.
- 4. I shall maintain a logbook of the candidates and submit the monthly attendance sheet and weekly activity log of the candidate duly signed by the supervisor and shall produce them as and when required by the MoICE and other relevant agencies.
- 5. I shall submit any program related reports/information to the Ministry as and when required.
- 6. I shall notify the concerned officer formally through email/letter within three working days after the candidate separates from the organization.
- 7. I shall be subjected to auditing, monitoring and inspection by the Ministry, the Royal Audit Authority and other relevant agencies as and when required.
- 8. I shall not misuse the candidates engaged under the program for purposes other than what they have been recruited for.
- 9. I shall not misuse the engagement program without engaging candidate/s for allowance benefits.
- 10. In case of termination, I shall inform the candidate in writing as per the notice period specified in the Guideline and complete all the formalities.

I hereby declare that I shall abide by all the statements provided above and if I fail to carry out any of the statements above, I shall be liable for any actions deemed necessary by the Department of Employment and Entrepreneurship, Ministry of Industry, Commerce and Employment.

	Sign of the Employer Affix Legal Stamp	Sign of the Witness	
Name CID Mobile No Date Email ID		Witness Name : CID : Mobile No : Address : Date :	

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