



DELTA STATE MINISTRY OF SCIENCE AND TECHNOLOGY

Prof. Chike Edozien Secretariate, Maryam Babangida Way, Asaba, Delta State

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GUARANTOR FORM FOR ICT-YEP PROGRAMME

Dear Sir/Madam

DELTA STATE MINISTRY OF SCIENCE AND TECHNOLOGY is considering the application of Mr./Mrs/Miss/Engr/Dr _____ for ICT-YEP Programme with the Delta State Innovation Hub.

The said bearer has given your name as one of his/her guarantor for the period he/she will be training at the Delta State Innovation Hub. You are required to read and fill the letter below if the conditions therein are acceptable to you.

GUARANTOR'S DETAILS

First Name _____ Other Name _____ Last Name _____

Contact Address: _____ Street Name _____

City/Town _____ State _____ ZIP Code _____

Contact Phone No: _____ Email _____

AFFIRMATION

I, Mr./Mrs./Chief _____ [age] _____ years old who work with _____ at [contact address] _____

_____ as [position] _____ do hereby state that I have known

Mr./Mrs./Miss _____ for the past _____ years, having related with me as

_____. I hereby accept to stand as his/her Guarantor for ICT-YEP training with Delta State Innovation Hub as a student under Delta State Ministry of Science and Technology Programme.

I also agree to produce the said Mr./Mrs./Miss _____ when required to do so and to be held responsible in the event of theft, loss or damage attributed to his/her default or negligence as long as he/she remains with the programme.

I am also permitted to withdraw my guarantee in writing whenever I observe a negative change in the attitude of my candidate, as well as being aware that the training of my candidate could be suspended or terminated if the need arises.

Name and Signature of Guarantor _____ Date _____