

DGD certificate

Short stay (less than 90 days) – type C Stay longer than 90 days – type D (Tick as appropriate)

I, undersigned, Michèle Deworme, Head of Department at the Directorate General for Development Cooperation (DGD), certify that

Mr. / Mrs. / Ms. (first name) (LAST NAMES)
born on dd/mm/yyyy in (place of birth)
NATIONALITY: (nationality)
HOME ADDRESS: ...
AFFILIATION: ...
Single / Married / Divorced / Widower, (number) children
PASSPORT NUMBER: ...
HOME PHONE NUMBER: ...
EMAIL: ...

Has been accepted as

SHORT TERM SCHOLAR / MASTER SCHOLAR / PhD SCHOLAR / VISITOR

For a stay in (city) at the (institution)
in the framework of the VLIR-UOS PROGRAMME (programme type): (programme title), (VLIR-UOS reference number)

DURATION OF STAY IN BELGIUM:
From dd/mm/yyyy until dd/mm/yyyy

PURPOSE OF STAY IN BELGIUM:
...

PLACE OF STAY IN BELGIUM:
...

DGD confirms that the stay in Belgium of the person referred to is part of an activity that is funded by DGD.

For the Minister for Development Cooperation

Michèle Deworme
Head of Department