

## Doing Business in India Programme – Letter to Faculty

## **Dear Faculty Member**

You have been asked to provide an endorsement for a 'Doing Business in India Programme' candidate.

#### The Programme

The two-week programme is delivered by the Indian Institute of Foreign Trade (IIFT) at its campus in New Delhi and offers a fantastic opportunity for 16 New Zealanders to develop business knowledge and build networks in India – one of New Zealand's important business and trade partners.

## The programme includes:

- understanding India and the India-NZ free trade agreement
- opportunities in the goods and services sectors
- customs and import regulations in India
- business field visits and a cultural visit to Jaipur.

#### Value of the Award

The award covers airfares, visa fees, activities, accommodation, meal allowances and transport.

## Successful applicants will:

- be able to demonstrate cross-cultural understanding and awareness
- understand the importance of global networks and partners for business success
- understand the importance of India to New Zealand's trade and economic future

Please complete the DBIP Faculty Endorsement Report and submit to Education New Zealand. The submission deadline is 5pm 10 March 2014.

## How to submit your Faculty Endorsement Form

Email: To scholarship@enz.govt.nz

Please ensure you include the candidate's name in the subject of the email.

Post: To Education New Zealand, Scholarships Manager, PO Box 12-041, Wellington 6144, New Zealand Endorsements must be enclosed in a sealed envelope with the endorser's signature on the seal.

We appreciate your professional opinion and the time taken to complete your endorsement.

Sincerely,

**Christine Roberts** 

Scholarships Programme Manager

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Please Note: Endorsements are confidential documents viewed only by Education New Zealand staff; the contents will not be shared with DBI candidates under any circumstances.



# Doing Business in India Programme – Faculty Endorsement Form

| Qualities   Excellent   '   Good   Average   | Candidate Name  |                  |           |   |      |         |   |                   |  |
|--|---|------------------|-----------|---|------|---------|---|-------------------|--|
| Department / School   Position / Title   | Faculty Member Name   |                  |           |   |      |         |   |                   |  |
| Position / Title   Email Address   |   |                  |           |   |      |         |   |                   |  |
| Email Address  1. How long have you known the candidate?  2. In what capacity do you know the candidate?  3. Please rate the candidate on the following qualities  Qualities  Excellent Good Good Good Average Below average comme intellectual ability and academic standard Research ability Coral communication skills Written communication |   |                  |           |   |      |         |   |                   |  |
| 1. How long have you known the candidate?  2. In what capacity do you know the candidate?  3. Please rate the candidate on the following qualities  Qualities    Excellent   Very   Good   Average   Below   Unable community   Communication skills   Comm  |   |                  |           |   |      |         |   |                   |  |
| 2. In what capacity do you know the candidate?  3. Please rate the candidate on the following qualities  Qualities  Excellent Good Good Average Below average comme Intellectual ability and academic standard  Research ability Oral communication skills Ability to build and maintain relationships Independence and initiative Leadership potential Leadership potential Adaptability to new situations / ideas Motivation to achieve goals Enthusiasm / passion for business development  4. Please comment on any barriers / weaknesses that might limit the candidate's ability to succeed in the programme?  5. Do you endorse this candidate's application for the Doing Business in India Pres No  6. Please comment on the assessment you have provided above   | Email Address   |                  |           |   |      |         |   |                   |  |
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|  | T YOU I NOT I   |                  |           |   |      |         |   |                   |  |
| Signature: Date:   | 6. Please comment on the assessment you have provided above |                  |           |   |      |         |   |                   |  |
|  |   |                  |           |   |      |         |   |                   |  |