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|  | Institute of TechnologyUniversity of MoratuwaDirector,Institute of Technology,University of Moratuwa,Diyagama, Homagama.**FORM ‘A’** **Recommendation of the Head of the Institution** |
|  | [for Employees of the University System/Government Departments/Corporations and Statutory Board etc.] |
|  | I recommend the above application of Dr./Mr./Mrs./Ms. …….………………… for the post of ……………………………. and agree/not agree to release the applicant in case he/she is selected for the post applied.………………. ………………… Date Name  ……………………………………Signature of the Head of Institution  Official Stamp   |
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