|  |  |
| --- | --- |
|  | **FORM ‘A’** **Recommendation of the Head of the Institution** |
|  | Recommendation by the Head of the Institution [for Employees of the University System/Government Departments/Corporations and Statutory Board etc.] |
|  | I recommend the application submitted by …………………………………and agree/not agree to release the applicant in case he/she is selected for the post of Medical Officer at the University of Moratuwa.………………. ………………… Date Name  ……………………………………Signature of the Head of Institution  Official Stamp   |
|  |   |
|  |  |