

Postgraduate Unit Faculty of Technology South Eastern University of Sri Lanka

FT/PGU/04

Employer Consent Form

Name of the Applicant			
NIC NO:			
NOTE: To be completed by the Head of the Institute/ Corporation/ Enterprise of the applicant if applicable.			
Assistant Registrar Faculty of Technology South Eastern University o University Park Oluvil # 32360	f Sri Lanka		
Forwarded. If selected, the applicant will be given permission to follow a postgraduate degree program at the Faculty of Technology of the South Eastern University of Sri Lanka.			
Address:			
			Signature of Head of the Institute/
			Corporation/ Private Enterprise
Designation :			
Date:			
			(Please affix official rubber stamp)