

## Employer Consent Form

Name of the Applicant

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NIC NO:

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**NOTE: To be completed by the Head of the Institute/ Corporation/ Enterprise of the applicant if applicable.**

Director  
Postgraduate Institute of Agriculture  
University of Peradeniya  
P.O.Box 55, Old Galaha Road  
Peradeniya

Forwarded. If selected, the applicant will be given permission to follow a postgraduate degree program at the PGIA.

Address: .....  
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.....  
Signature of Head of the Institute/  
Corporation/ Private Enterprise  
Designation :.....

Date: .....

.....  
(Please affix official rubber stamp)