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| **A. TO BE COMPLETED BY THE APPLICANT** |
| |  |  | | --- | --- | | Name of Applicant |  | | Position Applied | Post Doctoral Research Fellow | | Name of Referee (As stated in the Post Doctoral Research Fellow Application Form) |  |   Note: It shall be the responsibility of the applicant to inform his/her referee on the deadline for the submission of the form to the University. |
| **B. TO BE COMPLETED BY THE REFEREE** |
| |  |  | | --- | --- | | Please state period of acquaintance with the applicant |  | | Please state your observation on the applicant’s ability and suitability for the post, together with any other information which might assist the University in deciding on the appointment. Kindly take note that your comments will be treated as confidential. |  | | Signature of Referee |  | | Date |  | |

The complete form shall be submitted by the Referee to:

**Centre for Research & Development**

**University of Technology Sarawak**

**No. 1, Jalan Universiti**

**96000, Sibu, Sarawak, Malaysia**

**Email Address:** [**research@uts.edu.my**](mailto:research@ucts.edu.my)

**Fax No.: +6 084-367306**