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| **HEAD OF DEPARTMENT’S (HOD) Testimonial** | | | | |
|  | I **\***support / do not support \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s application. | | |  |
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|  | **Comments:** | | |  |
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|  | Date |  | Name & Signature of Head of Department |  |
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