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**Letter of Support from Home Institution**

**Name of the institution --------------------------------------------------------**

With this letter I confirm, that applicant (*Name, surname*) is fully supported by

the administration/governance of the institution to participate in “Georgia’s Researchers Mobility” grant call and in case of funding her/his employment contract will be not terminated or suspended neither before nor after completion of the fellowship.

Signature of the authorized person:

Organization stamp:

Date: