**APPLICATION FOR ENROLEMENT IN THE STAFF DEVELOPMENT**

**PROGRAMME: 21st Cycle - 2019**

**Staff Development Centre, University of Kelaniya**

1. **Personal Information**

|  |  |
| --- | --- |
| 1.1  | Name: Ven./Dr./Ms./Mr.:  |
| 1.2  | Present Position:  |   |
| 1.3  | Department:  |
| 1.4  | Faculty:  |
| 1.5  | University/ Institute:  |
| 1.6  | Mailing Address: …………………………………………………………………………………………… …………………………………………………………………………………………… Phone; (Res.) …………………………….. (Office) ………………………………….. (Mobile) ………………………………..……Fax ……………………………………. E-mail. ………………………………………………………………………………….  |

1. **Selection of Modules. Indicate the segment you wish to follow by checking the relevant box** (See explanatory notes before completing this section).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Module No*  | *Course Fee Rs.*  | *Check your* *Selection*  | *Module No*  | *Course Fee Rs.*  | *Check your* *Selection*  |
| I  | 3100.00  |   | 6  | 3240.00  |   |
| 2  | 3240.00  |   | 7  | 7600.00  |   |
| 3  | 7600.00  |   | 8  | 3240.00  |   |
| 4  | 3100.00 |   | 9  | 2680.00  |   |
| 5  | 3240.00  |   | 10  | 2960.00  |   |

1. **Applicant’s Statement :**

I wish to follow the entire programme / modules ( …………………) of the programme as indicated above, and agree to pay Rs. (in words) …………………………………………

………………………………………….. (Rs. …………………. ) as course fee.

………………….. ……………………. Date Signature

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**4. Recommendation of the University / Institute**

*(****Note:*** *By recommending the applicant for the Staff Development Program conducted by the University of Kelaniya, you agree to release her/him from all teaching, examination, clinical or any other duties on Fridays to enable her/him to participate in the programme without interruption)*

I hereby recommend the participation of Ven. / Dr. / Ms. / Mr. …………………………...

……………………………………. of the Department of ………………………………

…………………………………….. in the 21st Cycle of the Staff Development Program conducted by the University of Kelaniya.

…………………… ………………………

 Date Head of Department

…………………… ………………………

 Date Dean / Director of Institute

…………………… ……………………………

 Date Vice Chancellor / Rector of Campus