**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