

**APPLICATION FOR ENROLEMENT IN THE STAFF DEVELOPMENT
PROGRAMME: 26th Cycle - 2024
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. |

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

| <i>Module No</i> | <i>Course Fee Rs.</i> | <i>Check your Selection</i> | <i>Module No</i> | <i>Course Fee Rs.</i> | <i>Check your Selection</i> |
|------------------|---------------------------|---------------------------------|------------------|---------------------------|---------------------------------|
| I | 6250.00 | | 6 | 5250.00 | |
| 2 | 6250.00 | | 7 | 5250.00 | |
| 3 | 5250.00 | | 8 | 6250.00 | |
| 4 | 4000.00 | | 9 | 4500.00 | |
| 5 | 4000.00 | | 10 | 3000.00 | |

3. 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

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 26th 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/ President

Note:

*It is expected of any relevant Section Lead or Chief Officer to sign as required.