

**APPLICATION FOR ENROLMENT IN THE STAFF DEVELOPMENT  
PROGRAMME: 27<sup>th</sup> Cycle - 2025  
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	7250.00		6	6250.00	
2	7250.00		7	6250.00	
3	6250.00		8	7250.00	
4	5000.00		9	5500.00	
5	5000.00		10	4000.00	

**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 27<sup>th</sup> 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.