

Staff Development Centre  
WayambaUniversity of Sri Lanka

**Certificate Course on Staff Development – 2015 (9<sup>th</sup> Intake)**

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**Application Form**

Name of Applicant: Mr. / Ms.: .....  
Designation: ..... Department: .....  
Faculty: .....  
University: .....  
Date of permanent appointment to the University: YY: ..... MN: ..... DD: .....  
Qualifications (Graduate /Post Graduate):.....  
.....

Course fee payment – by the candidate /by the institute \*\*

Contact:

Tele (Official): ..... Ext: .....  
Tele (Residence): ..... Mobile: .....  
E-mail : .....

I hereby certify that the above particulars are true and accurate.

Date: .....  
.....  
Signature of Applicant

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**I. Recommendations**

I recommend /do not recommend the application of Mr. /Ms. .... for the training

Date: .....  
.....  
Head of Department

Date: .....  
.....  
Dean of the Faculty

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**II Recommendations (candidates of the Wayamba University only)**

The enrollment is approved / not approved with / without course fees from the University.\*\*

Date: .....  
.....  
The Vice Chancellor  
Wayamba University of Sri Lanka

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\*\* Delete irrelevant words