

$\begin{array}{c} \textbf{INDUCTION PROGRAMME FOR ACADEMIC STAFF} \\ \textbf{2018} - \textbf{01}^{st} \ \textbf{Program} \end{array}$

APPLICATION FORM

| Name of the applicar | nt: | |
|--|---|---------------------|
| Department: | Faculty: | University: |
| | f duties::our letter of appointment and the duty assump | |
| Educational Qualifica | tions: | |
| Current position: | | |
| National ID No | | Sex: |
| Contact address: | | |
| | | |
| Contact phone number | er: E-mail address: | |
| Signature of applicant | t: | Date: |
| APPLICATION AP | | |
| The applicant will be | e released fully from his/her duties o | during the program. |
| Head of Department: | Name: | |
| | Signature: | Date: |
| Dean of Faculty: | Name: | |
| | Signature: | Date: |
| Please forward to: Prof. Ranjith I Director, Staff Develop University of Peradeniya. | ment Centre, | |

Tel. 081 2068350