



STAFF DEVELOPMENT CENTRE
 SABARAGAMUWA UNIVERSITY OF SRI LANKA
 P.O.BOX 02, BELIHULOYA 70140 SRI LANKA
 Tel :045-2280014, 045-2280011 (General)

Registration Form

(To be completed by participant)

	Name of the Workshop/Program	
01	Name	
02	Faculty/Unit /Centre	
03	Position	
04	Email Address	
05	Tel # Mobile & Office	
06	I am willing to participate for workshop/ program and assume my contribution participation until the workshop / program is ended. Signature of the Applicant: Date :	
07	Recommendation of the Dean of the Faculty:	
	I recommend the above application; agree to provide the necessary facilities for the applicant to participate this workshop. I shall release Prof./Dr./Mr./Ms..... From duties/activities ensue his/her participate at the program. Dean of the Faculty: Name : Tel # : E-mail : Signature : Date :	
08	Approval of the Registrar:	
	Noted & Forwarded Registrar:..... Tel # : E-mail : Signature : Date :	