



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/Department/ Centre	
03	Position	
04	Email Address	
05	Tel # Mobile & Office	
06	I am willing to participate for the above workshop/ program and understand that I have to be obtain minimum of 80 % of attendance to complete the program  <b>Signature of the Applicant: .....</b> <b>Date : .....</b>	
07	<b>Recommendation of the Head of the Department:</b>	
	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.  Head/ Dept. of : .....  Name : .....  Tel # : .....      E-mail : .....  Signature : .....      Date : .....	
08	<b>Approval of the Dean of the Faculty / Director</b>	
	Noted & Forwarded  Dean / Director/ .....  Tel # : .....      E-mail : .....  Signature : .....      Date : .....	