



SOUTH EASTERN UNIVERSITY OF SRI LANKA
CAREER GUIDANCE UNIT

SKILLS INVENTORY OF RESOURCE PERSON

01. Name in full :.....

02. Name with initials :.....

03. Address :.....
 :.....
 :.....
 Telephone :..... Mobile :.....
 E-mail:.....

04. Date of Birth :..... NIC No.:.....

05. Registration No. :..... Faculty:.....

06. Programme of study :..... Department:.....

07. Academic Year :..... 1st / 2nd / 3rd / final year:.....

08. If special, area of specialization:.....

09. Civil status :..... District:.....

10. English ability :..... Sex:.....

11. Extra- curricular activities:.....

12. Experiences of workshop participated:

13. What are the interested areas for participating workshops/ seminars/ programs?

I do hereby certify that the particulars given by me above are true and accurate to the best of my knowledge.

.....
 Signature of the student Date:.....