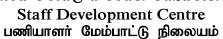
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ERSITY OF SKI LANK	SDC/2019/10/PRO/160					
	For Office Use Only					
	Application No:					
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Application for Admission to the one day

Deadline: 20.06.2019

Workshop on "Outcome-based Education (OBE) & Student Centered Learning (SCL)" for Academic Staff

To be held on 25.06.2019 at SDC Auditorium, SEUSL, Oluvil

1. PERSONAL INFO	PMATION									
1.1 Full Name:	AMATION									
1.1 Full Name: 1.2 Name with Initial:										
						C . N	т			
1.3 Designation: Service No.:								0.1		
1.4 Name of Faculty:						Permaner	it/ Tem	porary/	Other	
1.5 Name of Departmen										
1.6 Gender: M F		"√")								
2. CONTACT DETAIL	LS	1								
2.1 Office No:		2.2 Mobile No:								
2.3 E-mail:										
3. KNOWLEDGE & E	1		,	K "√'				I		
1 POOR	2 SATISFACTO	ORY	3 GOOD		4 VERY GOOD			5 EXCELLENT		
4. Period of Service in	your profession:		ears							
5. REASON FOR PAR	TICIPATING I	N THI	IS WORKSHOP (PL	EASE	E TIC	CK "✓")				
Reasons					at	Good	Somewhat		Not at all	
I am directly involved in this matter										
I am generally interested in the area										
The workshop might be helpful to enhance my present profession										
The workshop might be helpful for future professional development										
This workshop will sort out the problems, I face to carry my job/ profession.										
I certify that the above particle consent to attend the above to the conditions stipulate Signature of the Applicant Director/ SDC SEUSL	ve ONE DAY wo	orkshop CUSL if	to be held on 25.06.20 I fail to attend the wor)19 frc	om 09	0.00 a.m. to given cons	04.00 p sent.	.m. Furt		
I nominate the above sta he/she will be selected. Signature of the Head: Official Seal:					•	r entire dur			·	