



For Office Use Only

Application No:.....

Date:.....

Deadline: 20.06.2019

**Application for Admission to the one day
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 INFORMATION				
1.1 Full Name:				
1.2 Name with Initial:				
1.3 Designation:			Service No.:	
1.4 Name of Faculty:			Permanent/ Temporary/ Other	
1.5 Name of Department:				
1.6 Gender: M <input type="checkbox"/> F <input type="checkbox"/> (Please Tick "✓")				
2. CONTACT DETAILS				
2.1 Office No:		2.2 Mobile No:		
2.3 E-mail:				
3. KNOWLEDGE & EXPERIENCE IN OBE & SCL (PLEASE TICK "✓")				
1 POOR	2 SATISFACTORY	3 GOOD	4 VERY GOOD	5 EXCELLENT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Period of Service in your profession:		_____ years		
5. REASON FOR PARTICIPATING IN THIS WORKSHOP (PLEASE TICK "✓")				
Reasons	Great	Good	Somewhat	Not at all
I am directly involved in this matter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am generally interested in the area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The workshop might be helpful to enhance my present profession	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The workshop might be helpful for future professional development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This workshop will sort out the problems, I face to carry my job/ profession.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I certify that the above particulars given by me are true and accurate to the best of my Knowledge, and I hereby give my consent to attend the above ONE DAY workshop to be held on 25.06.2019 from 09.00 a.m. to 04.00 p.m. Further, I agree to the conditions stipulated by the SDC, SEUSL if I fail to attend the workshop after given consent.

Signature of the Applicant:.....

Date:.....

Director/ SDC
SEUSL

I nominate the above staff and he/she will be released for the above workshop for entire duration without interruption if he/she will be selected.

Signature of the Head:.....

Date:.....

Official Seal: