APPLICATION FORM
INDUCTION PROGRAMME FOR ACADEMIC STAFF –2026
STAFF DEVELOPMENT CENTER, EASTERN UNIVERSITY, SRI LANKA

My personal details are as follows;

Name in full: …………………………………………………………………………………………………...
(Underline Last Name/Surname)

Name with initials: ……………………………………………………………………………………………

Postal address:

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E-mail: ....
(An e-mail is required for the course)

Fax no: ………………………….   Tele No: ………………………………...

Date of birth: …………………..   Age …………………………………………

Sex: ……………………………...   Marital status: ……………………………

Academic qualifications:

DEGREE	CLASS	YEAR AWARDED	UNIVERSITY

University occupation:

University: ………………………………………………………………………………………………...

Department: ……………………………………………………………………………………...............

Present designation: …………………………………………. from (date): ………………………

First appointment date: ………………..

Duties and responsibilities in the university:

	Degree	Course unit	Year awarding					No. of hours per year	No. of students in the course
			1	2	3	4	PG		
Lectures									
Practical									
Tutorials									
Examination work									
Other duties									

I understand that;

A. The course is run on **weekdays** (2-3 days per week, sometimes one working day for workshops by outside resource persons other than EUSL staff), and conducted in English medium.
B. To pass the course, my portfolio has to be submitted and the course has to be completed within two years of the first course-workshop.
C. I should have a minimum of **80% attendance** to qualify for the award of the certificate.
D. I have to devote at least **6 hrs/ week on my own** over the course duration for self-study.
E. I have to devote **more time** for self-study in the last 6 months of the course, when my portfolio is being prepared and finalized.
F. I shall be involved in some **teaching, student assessment and basic university administrative work during the course** which will form the basis of my course practical work.
G. I agree to a selection interview if it will be held. I understand that the course fee is non – refundable, that I will be struck off the course if I do not attend the workshop without a right to a course fee refund, and that course fees have to be paid before commencement of the course.

I am / am not* a permanent **staff member** (* strike off inappropriate word/s) I
wish to enrol for this SDC induction course because (give one reason):

……………………………………………………………………………………………………

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……………………………………………………………………………………………………

Date: …………………....   Signature of applicant: …………………………

I recommend the above applicant. I have **read** and **agree** to provide the necessary facilities, as given in **A to G** above, for applicant to complete this course. Payment of the following fees is also approved in the event that the applicant is accepted as the course participant.

	For staff from University, Campuses, HEI's etc. (verify with SDC in case if you have any doubts)
Course Fee	Rs. 30,000.00
Total	**Rs. 30,000.00**

Date: ………………………   …………………………………………
                                                        Head of Department
                                                        (Signature & Official seal)

Date: ………………………   ..………………………………………..
     Dean/ Director   (Signature & Official seal)

Date: ……………………..   ………..………………………………..
                                                        Vice Chancellor/ Rector