

Staff Development Programme for Teachers in Faculties of Health Sciences
conducted by the Medical Education Unit, Faculty of Medicine,
University of Peradeniya . March – June 2016

ENROLLMENT FORM

Name: Prof/Dr/Mr/Ms:

Position:

Department and Faculty:

Official address:

Telephone No. Office:

Res:

Fax:

E.mail address:

I wish to enroll on the above training programme. I understand that the enrolment is on a first-come, first-served basis and I need to fulfil the attendance requirement to earn the certificate.

Date:

.....
Signature of applicant

Recommendation of Head of the Department:

The prospective participant will be released during all three weeks specified.

Date:

.....
Signature of the Head

Application of the above candidate is approved. Financial support will be given to him/her for the participation in this programme.

Date:

.....
Signature of the Dean

Participants are requested to forward the completed enrollment form to:

Director, Medical Education Unit, Faculty of Medicine, Peradeniya

Telephone: 081-2396233, 081-2396234

Dr. Kosala Marambe email- kosalnm@yahoo.com

Office 081-2396233