**A picture containing clipart

Description automatically generated University of Vocational Technology**

**Staff Development Centre**

University of Vocational Technology, No. 100, Kandawala Road, Rathmalana

Telephone: 0112630700 Ext: 1600, 1601, 1604

**Application Form**

**Certificate in Teaching Quantity Surveying (CTQS) - Intake 02**

**2023**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 01. | Full Name: | | |  | | | | | | |
| 02. | Name with Initials:  (In Block Capitals) | | |  | | | | | | |
| 03. | Residential Address: | |  | | | | | | | |
| 04. | Permanent Address: | |  | | | | | | | |
| 05. | Contact Details: | | Tel: |  | | | | | | |
| Email: |  | | | | | | |
| 06. | Date of Birth: (dd/mm/yy) | | |  | | | | | | |
| 07. | Age: | | |  | | | | | | |
| 08. | National Identity Card No: | | |  | | | | | | |
| 09. | Civil Status: | | |  | | | | | | |
| 10. | Gender: | | |  | | | | | | |
| 11. | Educational Qualifications: | | | | | | | | | |
|  |  | Name of the Institute | | Qualification Achieved  (i.e., The Title of the Degree/ Diploma) | | | | | Results | Effective Date |
| 1. |  | |  | | | | |  |  |
| 2. |  | |  | | | | |  |  |
| 3. |  | |  | | | | |  |  |
| 4. |  | |  | | | | |  |  |
| 12. | If You are an undergraduate of UoVT: | | | Reg. No: | | | |  | | |
| Course of Study: | | | |  | | |
| Intake: | | | |  | | |
| Current Year and Semester of Study: | | | |  | | |
| 13. | Professional Qualifications: | | | | | | | | | |
|  | | Name of the Institute | | | | Qualification | | Date of Award | |
| 1. | |  | | | |  | |  | |
| 2. | |  | | | |  | |  | |
| 3. | |  | | | |  | |  | |
| 14. | Present and Previous Employment Details: | | | | | | | | | |
|  | | Institution | | | Designation | | | Dates of Employment | |
| 1. | |  | | |  | | |  | |
| 2. | |  | | |  | | |  | |
| 3. | |  | | |  | | |  | |
| 4. | |  | | |  | | |  | |
| I hereby certify that the above particulars submitted by me in this application are true and accurate. | | | | | | | | | | |
| ……………………..  Date | | | | | ………….…………………………  Signature of the Applicant | | | | | |

**Recommendation of the Institute**

|  |
| --- |
| I hereby recommend the participation of Ms./Mr. …………………………………….. ….………………………………………………………in the above programme of study conducted by Staff Development Centre of the University of Vocational Technology |
|  |

|  |  |
| --- | --- |
| …………………………….. | ……………………………………  Signature of the Head of the Institute |
| Date |

**Method of Submitting the Filled Application Form**

|  |  |
| --- | --- |
| The duly filled application must be sent to [sdc@uovt.ac.lk](mailto:sdc@uovt.ac.lk) along with the necessary supporting documents (e.g. certified copies of educational/professional qualifications) and the application fee payment receipt. The application fee shall be paid to the following bank account: | |
| Bank Account No.: 0070308457 | |
| Name: University of Vocational Technology  Bank: Bank of Ceylon  Branch: Rathmalana | |
|  | |

**For Official Use Only**

Application Form is Recommended/Not recommended.

………………………………….

Programme Coordinator

Application Form is Approved/Not Approved.

………………………………….

Director – SDC

**Admission Details**

Registration No.: ……………………………….

Date of Registration: ……………………………………….

**Payment Details**

Date: …………………………….

Amount: ……………………………

Voucher No: ………………………………….

Payment Received/Not Received.

……………………………

Finance Division

**Completion of the Programme of Study**

Date of Completion: ……………………………

Date the Certificate Handed Over: ………………………

Remarks: ………………………………………………………………………………

………………………………….

Director – SDC