** 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**

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| --- |
| The duly filled application must be sent to 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 TechnologyBank: Bank of CeylonBranch: 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