

Staff Development Centre
UNIVERSITY OF RUHUNA
Matara, Sri Lanka



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Application
Certificate in Administrative Skills Development
University of Ruhuna

1) Name in Full	:		
2) Name in with Initials	:		
3) Date of Birth	:		
4) Gender	Male	:	Female
5) Designation	:		
6) Faculty/ Department/Unit	:		
7) Contact	Mobile	:	
	Home	:	
	E-mail	:	

Signature of Applicant:

Date:

**Recommendation of Dean/ Librarian/Registrar/ Head of the Department/ Director/
 Deputy Registrar/ Senior Assistant Registrar/ Assistant Registrar**

I recommend/do not recommend the above application. I have read and agree to provide the necessary facilities for the applicant to complete this program. I shall release Mr. /Ms. accordingly, to complete the program from my office for the program organized by the Staff Development Center, University of Ruhuna.

Name:

Signature:

Date: