**APPLICATION FORM FOR TECHASCEND ITUM - 2024**

**Section A**

1. Name with initials: ……………………………………………….........................................................
2. University: ……………………………………………….....................................................................
3. Faculty / Institute: ……………………………………………………………………………………………………...
4. Department / Division : ……………………………………………………………………………………………….
5. Tel No: ……………………………………………………………………………………………………………………….
6. NIC: …………………………………………………………………………………………………………………………….
7. Email: …………………………………………………………………………………………………………………………
8. Gender: Male Female:
9. Details of contact person in case of emergency: …………………………………………………………
10. Meal preference: Vegetarian Chicken Fish
11. Accommodation facility: Yes No

I hereby certify that the information stated in this application is true and accurate to the best of my knowledge.

……………………………… …………………………………..

 Date Signature of the Applicant

**Section B**

**HEAD OF THE DEPARTMENT/DIVISION**

The above applicant is recommended/not recommended to participate in the

Workshop.

|  |  |
| --- | --- |
| Name of the Head ofDepartment/Division |  |
| …………………………………………………………. Date | …………………………………………………………………………Signature of the Head of Department/ Division |

**DEAN OF THE FACULTY/DIRECTOR**

The above applicant is-recommended/not recommended to participate in the workshop.

|  |  |
| --- | --- |
| Name of the Director of the Faculty |  |
| …………………………………………………………. Date | …………………………………………………………………………Signature of the Director of the Faculty |

**REGISTAR**

The above applicant is recommended/not recommended to participate in the workshop.

|  |  |
| --- | --- |
| Name of the Register |  |
| ……………………………………………………………….. Date | …………………………………………………………………………Signature of the Register |

**Bank Details**

Payment can be made by online transfer or by cash/cheque deposit to the following Account.

**Account Name: - Institute of Technology University of Moratuwa**

**A/C Number: - 83062337**

**Bank: - Bank of Ceylon**

**Branch: - Homagama**

Cash Cheque Online Transfer Bank Deposit

Note the mode of payment and its details.

If depositing or transferring money, then fill these details**.**

|  |  |
| --- | --- |
| Slip/cheque No: …………………………………………….... | Bank Name: ………………………………… |
| Transfer Account No: ………………………………………. | Branch: …………………………………….... |
| University: …………………………………………................ | Date: ……………………………………….... |

***Office Use Only***

|  |  |
| --- | --- |
| Application | Approved/Not Approved |
| Registration No: |  |
| Accommodation |  |

**Section C**

**Instructions to Participants**

1. All participants should have the Identity Cards Issued by the ITUM and their respective University during the program. If security personnel request the identity cards, you are bound to provide the identity cards due to security reasons.

2. Total duration of the workshop is seven (07) continuous days. Participation is compulsory for

 all seven days. Certificates will only be issued to members who will participate for all seven.

 days.

3. All participants are requested to be in attire which suits the University.

4. Food & Refreshments will be provided.

5. Accommodation will be provided for those who participate from other universities. Such

 Applicants will have to indicate their accommodation requirement on the application form.

6. Those who request accommodation facilities will have to obey the rules and regulations of

 the hostels.

7. Participants must bring their own bed sheets, pillows, mosquito repellents and other needs.

8. Participants are advised to bring a pair of deck shoes (canvas or sneakers), hats and suitable

 clothing for the fitness program.

9. Participants who have requested hostel facilities will have to report for their Hostels before

 6.00 pm on 11th February 2024.

for more information

+94) 717 684 664 – GMs. ayani Gamage

(+94) 779 459 551 - Menaka Abeysinghe

(+94) 703 829 417 - Malith Udayanga

Dhanushb@itum.mrt.ac.lk

For more information, contact:

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