

**CONSULTANCY SERVICES FOR “SYLLABUS REVISION
OF HND PROGRAMMES” OF SLIATE**

Application Form

Reference	<input type="text"/>
Selected	<input type="checkbox"/>
Reserved	<input type="checkbox"/>
Rejected	<input type="checkbox"/>

Position Title: Consultant for Revision of Curriculum - HND.....of SLIATE

Part A

1. Personal Information						
Family Name (Surname) Dr./ Ms./Mr.				Other Names:		
				Gender		Nationality
Date of Birth	Day	Month	Year	Age		N.I.C.No:
E-Mail Address				Address to which correspondence should be sent		
Contact Number	Office		Residence		Mobile	Fax
2. Qualifications						
2.1 ACADEMIC (Give full details in chronological order)						
Form Month/Year	To Month/Year	University/ Institute (Name/Place)	Degree Obtained With Grade/Class etc.	Main field(s) or Subject(s) of Study	Points (Office USE)	
2.2 PROFESSIONAL (Give full details in chronological order)						
Form Month/Year	To Month/Year	Name of the Professional Body	Qualification			

3. Employment Record at: Starting with your present post, list in reverse order of positions held

3.1 Present Employment

Period Month/Year		Title of your post	Department	ATI
From	To			

3.2.Previous Employment

Period Month/Year		Title of your post	Name and Address of the employer
From	To		
May 2000	Sep. 2000		

4. .Relevant Training Programme Undergone

Month/Year	Duration of the Training Programme	Title of the Training Programme	Trainer /The institute	Points (for Office Use)

5. Academic experience

Academic experience in higher education sector in Sri Lanka.

Period Month/Year		Description	Points (for Office Use)
From	To		

6. Experience

Prior experience in conducting assessments and evaluations for policy interventions in relevant fields

Period Month/Year		Description	Points (for Office Use)
From	To		

7. Experience in quality assurance and accreditation

Previous experience in quality assurance and accreditation of HND and degree programmes.

Period Month/Year	Description	Points

From	To		(for Office Use)

8. Experience in syllabus revision

Previous experience in syllabus revision of Degree and Diploma programme with national and international level organizations.

Period Month/Year		Description	Points (for Office Use)
From	To		

9. Extra-Curricular Activities

Month/ Year	Description	Points (for Office Use)

8. Language Proficiency

For Languages Other than mother tongue, enter appropriate number form Code (1,2,or 3)below to indicate level of your language knowledge CODE 1. Nil 2. Limited 3. Satisfactory 4. Excellent	Tick()next to your mother tongue	Speak	Read	Write
	Sinhala			
	Tamil			
	English			
	Other (Specify)			

Part B

Contact details from Institutes/ Organizations to identify the applicant's experience and relevant work experience

1. Name of the Institutes/ Organization

Name of the referee

Address

E mail

Phone number

2 Name of the Institutes/ Organization

Name of the referee

Address

E mail

Phone number

3 Name of the Institutes/ Organization

Name of the referee

Address

E mail

Phone number

I affirm that the above particulars true and accurate to the best of my knowledge, and aware that if any of these information are found to be false or inaccurate I am liable to be disqualified before selection.

.....
Date

.....
Signature of Applicant