

**THIRD COUNTRY TRAINING PROGRAMME IN e-Learning TECHNOLOGY**  
**University of Colombo School of Computing (UCSC), Colombo 7, Sri Lanka**  
**26<sup>th</sup> October – 8<sup>th</sup> December, 2009**

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**APPLICATION FORM – FOREIGN APPLICANTS**

The nomination of Mr./Mrs./Miss

.....  
(According to the passport)

for the Third Country Training Programme in e-Learning Technology held at the University of Colombo School of Computing, Colombo 7, Sri Lanka, from 26<sup>th</sup> October to 8<sup>th</sup> December 2009 by the Government of

.....  
(Requesting Government)

*(A separate Application Form should be completed for each nominee. In case of more than one nominee being nominated from the same institution, the order of priority should be indicated by the Head of the Institution of the nominee)*

Part A, B, and C are to be completed by the nominee. Part D is to be completed by the nominee's department head/employer.

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Five (05) copies of the duly perfected Application Form for each nominee should be forwarded to the following address by the nominating Government through diplomatic channels **not later than 22<sup>nd</sup> September 2009.**

Director General,  
Department of External Resources,  
Ministry of Finance and Planning,  
The Secretariat (3<sup>rd</sup> Floor),  
P.O. Box 277,  
Colombo, Sri Lanka.

Telephone : 94-11-2484701  
Facsimile : 94-11-2447633

To facilitate the timely processing of the application an **additional copy of the application** form should be sent directly preferably through Facsimile or Post to:

Director,  
University of Colombo School of Computing,  
No. 35, Reid Avenue,  
Colombo 07.  
Sri Lanka

Telephone : 94-11-2581248  
Facsimile : 94-11-2587239  
E-Mail : [admte@ucsc.cmb.ac.lk](mailto:admte@ucsc.cmb.ac.lk)

However, the selection of applicants for the course will be finalised only on the receipt of the endorsed original application through the Vice Chancellor of the respective University or the Head of the Institute. All correspondence in this regard will be directed to the official address of the applicant.



**Give an Assessment of your ability in English (Please tick X for appropriate cage)**

Can understand without difficulty when addressed at normal rate

Can speak fluently and accurately

Can understand almost everything, if addressed slowly and carefully

Can speak intelligibly, but am not fluent

Require frequent repetition and/or translation of words and phrases

Can speak haltingly

Can write with ease and accuracy

Can read fluently, with full comprehension

Can write slowly and with only a moderate degree of accuracy

Can read slowly, and understand almost everything

Can write with difficulty

Can translate with difficulty, and only with frequent recourse to a dictionary

**Educational Records**

Name and Location of the Institution	Date Attended		Qualifications/Degrees Obtained and Subjects Studied
	From	To	

Give details of secondary and tertiary education only, copies of certificates supporting the qualifications should be attached with the application. Supplementary sheets may be added, if the space provided is found insufficient.

**Details of Professional Qualifications**

Name of the Professional Institution	Membership Category	Date of Membership

\* \* Copies of documents supporting your claim should be attached

# EMPLOYMENT RECORD

## Current Employment

Designation : .....

Date of Appointment : .../.../.....

Name and address of the Employer : .....

.....

Nature of the business : .....

.....

.....

Duties of your post : .....

.....

.....

.....

## Previous Employment

Designation : .....

Date of Appointment : ...../...../.....

Date of Resignation : ...../...../.....

Name and address of the Employer : .....

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Nature of the business : .....

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Duties of your post : .....

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.....



**APPLICATION FORM - PART C**

**STATEMENT AND DECLARATION BY THE NOMINEE**

(This section is to be completed in **applicant's own hand writing**, in consultation with the head of the department/supervisor, as necessary.)

**1. Personal Declaration**

(a) Describe briefly those aspects of your present work which relates to the training requested:

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.....  
.....

(b) How will this training help you in performing your current duties?

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.....  
.....  
.....

(c) What future responsibilities/work you expect to undertake on completion of this training?

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.....  
.....

(d) How will this training be of benefit to you in carrying out such future responsibilities/work?

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.....  
.....

(e) How do you grade your knowledge/experience in the following operating environments?

	Version	Nothing	Little	Good	Very Good
Apache, MySQL and PHP in Windows					
Adobe Photoshop					
Adobe ImageReady					
Macromedia Flash					
Video Editing with Premiere					
Macromedia Dreamweaver					

2. **Undertaking by the Nominee**

I ..... (Name in capital) of ..... (Country) certify that the statements made by me in Parts A, B and C of this application form are true, complete and correct to the best of my knowledge and belief. I also fully understand that, if I am granted a training award, it may be subsequently withdrawn if the statements made by me are found incorrect, or I fail to make adequate progress, or for other sufficient cause determined by the University of Colombo School of Computing.

If I am granted this training award, I undertake;

- (a) to follow the training course properly and abide by the rules of the University of Colombo School of Computing;
- (b) to refrain from accepting any paid employment while engaged in the training programme;
- (c) to abide by such conditions that may be stipulated by my employer with regard to granting leave for me to follow this course;
- (d) to assist such evaluation procedures of the course as may be required;

I also confirm the following documents in support of my application are complete and attached herewith.

	Application Form (Part A) - Personal Information
	Application Form (Part B) - Country Report
	Application Form (Part C) - Statement and Declaration by the Nominee
	Application Form (Part D) - Statement by the Nominee's Employer
	Application Form (Part E) - Medical Report
	Copy of the relevant pages of the Passport

I confirm that I am in good health and undertake to abide by the rules and regulations stipulated in the General Information Handout.

.....  
Signature of the Nominee

Date: ...../...../.....

**APPLICATION FORM - PART D**

**STATEMENT BY THE NOMINEE'S HEAD OF THE DEPARTMENT/EMPLOYER**

Please **PRINT** or **TYPEWRITE** using **BLOCK CAPITALS**

1. How can this training be beneficial to your organization?

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2. Why the nominated person was selected for this training course?

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3. In case you have nominated more than one nominee from your department/organization specify the order of priority given to the said nominee (Specify a number e.g. 1 = High order priority).

.....

4. What post will he/she fill on return and the duties, which the nominee is expected to undertake on his/her return?

.....  
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.....  
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.....  
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.....

5. The skills you wish him/her to acquire through this training course:

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6. Are there any other skills that you think this training should cover?

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7. Any other comments you would like to make:

.....  
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.....  
.....  
.....

I certify that this nomination has the endorsement of my organization and that to the best of my knowledge the details given in the application form are correct. The nominee would be granted leave on a full time basis to follow this course from **26<sup>th</sup> October to 8<sup>th</sup> December, 2009.**

Signature : ..... Stamp of the Department/Organization

Name : .....

Position : .....

Department/Organization : .....

.....

Date : ...../...../.....

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**For Completion by the Government Designated Authority for Receiving JICA Grants**

I certify that this nomination has the endorsement of the University/Institute/Industry of ..... and that to the best of my knowledge the details given by the applicant are correct.

Signature : ..... Official Stamp

Name :

Position :

Department/Centre :

Date ...../...../.....

#Delete terms which are not applicable

**APPLICATION FORM - PART E**  
**MEDICAL REPORT**

Name: ..... Country:..... Age: ..... Sex: .....

Physical Examination (To be filled in by a physician)

Height .....cms. Weight .....Kgs. Blood Pressure .....mm.Hg. Pulse ...../min.

Vision Right ..... Left ..... Eyes With glasses Without glasses

Check Each Item in Appropriate Column

Items	Normal	Abnormal	Additional Comments
General	<input type="radio"/>	<input type="radio"/>	
Skin, Scalp	<input type="radio"/>	<input type="radio"/>	
Lymph nodes	<input type="radio"/>	<input type="radio"/>	
Eyes	<input type="radio"/>	<input type="radio"/>	
Ears	<input type="radio"/>	<input type="radio"/>	
Otoscopic Exam	<input type="radio"/>	<input type="radio"/>	
Nose	<input type="radio"/>	<input type="radio"/>	
Pharynx & tonsils	<input type="radio"/>	<input type="radio"/>	
Teeth	<input type="radio"/>	<input type="radio"/>	
Thyroid gland	<input type="radio"/>	<input type="radio"/>	
Lungs	<input type="radio"/>	<input type="radio"/>	
Heart	<input type="radio"/>	<input type="radio"/>	
Abdomen	<input type="radio"/>	<input type="radio"/>	
Liver	<input type="radio"/>	<input type="radio"/>	
Spleen	<input type="radio"/>	<input type="radio"/>	
Hernia	<input type="radio"/>	<input type="radio"/>	
External genitalia	<input type="radio"/>	<input type="radio"/>	
Rectal exam.	<input type="radio"/>	<input type="radio"/>	
Vertebrae	<input type="radio"/>	<input type="radio"/>	
Locomotor	<input type="radio"/>	<input type="radio"/>	
Reflexes	<input type="radio"/>	<input type="radio"/>	
Mental health status	<input type="radio"/>	<input type="radio"/>	
Others. ....			

**LABORATORY EXAMINATIONS**

Blood group ..... Blood film for malaria ..... Hb .....gm%

WBC ..... Cells/cu.mm.

Differential            PMN ..... %    Lymp ..... %    Mono ..... %    Eos ..... %  
                                 Baso ..... %    Band ..... %    Blast ..... %

Serological VDRL test for Syphilis            Reactive .....            Non-reactive

Serological test for anti-HIV            Positive .....            Negative

Urinalysis :            Color ..... Sp. gr ..... pH ..... Sugar .....  
                                 Alb ..... Blood ..... Ketones ..... Bile .....  
                                 Micro : WBC ...../HPF., RBC ...../HPE., Epithelial ...../HPE  
                                 Casts ...../HPD., Others .....

Stool examination for parasites & Ova .....

Chest X-Ray report .....

Urine pregnancy test .....

Other examinations .....

Is the person examined medically free from the disease of acquired immune deficiency syndrome. (AIDS)?  
.....

Is the person examined able physically and mentally to carry on intensive study away from his home?  
.....

Is the person examined free from infectious diseases (for example, tuberculosis and trachoma), which could present risks for both the candidate and his contacts during his fellowship?  
.....

Does the person examined have any condition or defect, which might require treatment during his fellowship?  
.....

Physician signature: .....

Name of Physician: .....

Official Frank:

Date : ...../...../2009