

<i>Application No:</i>
<i>Reg. No:</i>
<i>Reg. Date:</i>
<i>File No:</i>
<i>Reg. Fee:</i>
<i>Receipt No:</i>
<i>Signature:</i>

**TERTIARY AND VOCATIONAL EDUCATION COMMISSION**

**Registration of Institutes Providing Tertiary and Vocational Education and Training**

**APPLICATION FOR REGISTRATION OF AN INSTITUTE**

*(Please Complete the Application in Both Sinhala and English Languages)*

**( Under Section 14 of the Tertiary and Vocational Education Commission Act No: 20 of 1990 and Section 3 of the Development Plan published in the Government Gazette (extra ordinary) No.887/8 dated 07/09/95 )**

**PART - A : INSTITUTE & COURSES**

- 1. Name, designation and address of the applicant :**
- 2. Name of the Institute :**
- 3. Address of the Institute :**

3a Telephone:

3b. Fax :

Office

Private

Business

3c. E-mail

4. Location of the institute :

(Please attach a detailed sketch of the location indicating the distance from the nearest town/city and access roads to the institute)

5. Divisional Secretary's Division :

District :

Province:

.....

.....

.....

6. Date of Establishment of the Institute :

Date	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

7. Ownership : (Mark with a "√" sign)

Government

Provincial

Statutory

Local

NGO

Private

Council

Government

8. If established under a Ministry/Dept./statutory Board give the name of the Min/Dep/SB:

## PART – B : FACILITIES

### 9. Infra – Structural Facilities \*

Type of Unit	How Many	Total Floor Area (Sq.Ft.)
Class rooms /lecture rooms		
Workshops (Specify) **		
Technical laboratories **		
Language Laboratories		
Auditoria		
Library and study rooms		
Recreation Rooms		
Canteens		
Office Rooms		
Staff Rooms		
Toilets		
Hostel		
Sports (indoor / outdoor)		
Others		
<b>Total</b>		

Submit a sketch of the training centre.

Please annex the list of training equipments. (for computer training institutes, a list should be submitted indicating Hardware & Software facilities.

10.

List of courses of studies conducted at present: Serial No.	* Title of the Course	Full Time/ Part Time	Duration		Syllabus available /not available	No. of Students that can be admitted to the course (capacity)		No. Presently following the Course
			In hours	In Month		I	II	
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

\* Please submit a copy of the core curriculum (with time allocation). Please use the given curriculum.

Per Batch

Per Annum

**PART - C : ACADEMIC STAFF**

**11. (Lecturers, Instructors (demonstrators, inspectors))**

Name	Qualifications		Practical Experience *	Courses Conducted **
	Educational **	Vocational		
(i) Full Time				
(ii) Visiting				

\* Give number of years of Industry experience.

\*\* Write the serial number section 10 above.

I do hereby certify that the particulars given above are true and correct. I have attached the detailed sketch of the location of the institute (s).

Date :

Signature of the Applicant :

Name :

*(RUBBER STAMP)*