

# Sri Lanka Institute of Tourism and Hotel Management

## Application for Visiting Lecturers

1. Name of the applicant :.....
2. ID No :.....
3. Permanent Address :.....
4. Contact Details
  - i.) Resident Tel :.....
  - ii.) Mobile :.....
  - iii.) E-mail :.....
5. Date of Birth :.....
6. Academic Qualification achieved:

Name of the institute	Name of the Programs	Years
i.		
ii.		
iii.		

7. Professional Qualification:

Name of the institute	Name of the Programs	Years
i.		
ii.		
iii.		

8. Working Experience:

Name of the institute	Post Held	Area of Responsibility	Period	
			Years	From To
i.				
ii.				
iii.				

9. Subject Areas of lecturing

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I certify that above details are true and accurate my knowledge & belief.

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Date

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Signature