APPENDIX B: Sri Lanka Institute of Advanced Technological Education

Advanced Technological Institute -Sammanthurai

Approval to Obtain the Service of Visiting Lecturer for Academic Year – ….. Semester: - I / II

1. Bio data of Lecturer /Instructor

1.1 Name with initials : - Mr / Ms. **……..**

1.2 Full Name : - Mr / Ms. ……..

1.3 National Identity Card No.:- ……..

1.4 Postal Address : - ……

1.5 Present Employment/ post: - ……

1.6 Official Address : - ……

1.7 Telephone Number: - (a) Official: - - (b) Residence: - …….. (c) Mobile: - ……

Qualifications

1.1 Academic Qualifications (Please indicate relevant academic qualifications for the subject expected to teach)

Name of the Awarding University/ Institute	Details of basic degree & postgraduate Qualifications	Effective date/Year of the degree	Checked by (Signature of HOD)

1.2 Professional Qualifications (Please indicate relevant professional qualifications for the subject expected to teach)

Name of the Awarding Institute	Details of professional Qualification	Effective date/Year of the qualification	Checked by (Signature of HOD)

1.3 Other Qualifications

(I) Teaching Experience in years : - …….

(II) Industrial Experience in years : - …….

3. Course Detail

3.1 Name of the Course: - **……. –P/T / F/T** Year: - **……..**

3.2 Semester :- **1/2** From:- 26/02/2020 To :-

3.3 Subject**:** **– ……**

3.4 Maximum number of hours served per week within the ATI :- & other ATI : -

4. Information to be submitted by the Internal Permanent Staff member at SLIATE

(i) Attached ATI :- Sammanthurai

(ii) Details of the permanent time table in your permanent working place ATI/ ATIs

Name of the ATI attached	**Course**	**Year**	**Day**	**Time**	**No. of Hours/ week**	**Checked by MA**
	Total Hours					

(iii) Information of visiting time table of **other ATI/ATI Sections of SLIATE**

Name of the ATI/ ATIs	**Course**	**Year**	**Subject**	**FT /PT**	**Total Hours per week**	**Checked by MA**
				Total		

I hereby certify that the information above is true and accurate to the best of my knowledge.

Date: - ……. **Signature of the applicant: … … … … … … . .**

Recommendation by the HOD from the institute where the visiting service is rendered.

Course	**Year**	**Subject**	**Day**	**Time**	**Number of hours**

Verification of qualifications: Educational/ Professional/ Experience as per DMS/E/54/7/342/1

Qualification Category	Approved Allowance (Rs) per Hour	Justification for relevant Qualification by HOD*
Minimum 5 years teaching experience without a basic degree	**350/=**	
Minimum 10 years teaching experience without a basic degree	**500/=**	
Basic degree in relevant field with less than five years' experience	**500/=**	
Basic degree in relevant field with more than five years' experience	**750/-**	
Basic degree in relevant field + postgraduate diploma or Master's degree with minimum 5 years' experience	**1000/=**	
Basic degree in relevant field + Professional qualification in relevant field with minimum 5 years' experience	**1000/=**	
Basic degree in Engineering field + Engineering professionals	**1000/=**	

(*Payment rate per hour must justify by the HOD in relevant payment rate category)

Recommended Rate per hour : - Rs. ...../= (according to DMS Circular No: DMS/E/54/7/342/1)

Recommended / Not Recommended

Name of the HOD ……..

Name of the ATI/ATI Section ……..

HOD Rubber stamp

Approval by the Director/ Academic coordinator from the institute where the visiting service is rendered.

Approved / Not Approved,

Name of the Director/ Academic coordinator

Signature ……

Date:-……

Official Rubber Stamp