

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 Years	Period	
			From	To
i.				
ii.				
iii.				

9. Subject Areas of lecturing

.....

10. Indicate your preference SLITHM as 1,2&3

SLITHM - Colombo	
Kandy	
Jaffna	
Anuradhapura	
Koggala	
Bandarawela	
Rathnapura	
Kurunegala	
Pasikudah	

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

.....

Date

.....

Signature

- ❖ Please forward your filled application with your Curriculum Vitae giving full particulars together with copies of all certificates pertaining to academic qualifications, work experience etc. and the names of two non-related referees under registered post indicating the post applied for on the top left hand corner of the envelope **Only to:**

**Chairman,
 Sri Lanka Institute of Tourism and Hotel Management,
 78, Galle Road,
 Colombo 03.**