

(Appl has to be taken before 48 hrs on departure time)

GENERAL SIR JOHN KOTELAWALA DEFENCE UNIVERSITY
SOUTHERN CAMPUS
REQUEST FOR ACADEMIC VISITS/LECTURES

1. Faculty: 2. Department:.....

3. Purpose of visit/lecture:.....
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.....

4. Date & time of departure:.....

5. Intake:..... 6. Date & time of return:.....

7. Details of visit/lecture:

Date	Destination	No of meals requirement (only for O/Cdts)			Dress	Accommodation	Names of Academic staff staying
		B	L	D			

8. Number of attendees:

Category	Male	Female	Total
Academia			
Visiting Lecturers			
Officer Cadets			
Day Scholars			
Total			

Date:.....

.....
HOD Signature

10. Arrangements of FDSS:

- a. Names of officers to attend:.....
.....
- b. Names of OR's instructors:.....
.....
- c. Confirmation of meals arrangement (If required):.....
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.....
- d. Names of medical rep (If required):.....

Date:.....

.....
Sqn Comd/Tp Comd Signature

Date:.....

.....
Dy Dean Signature

11. Transport arrangement: Transport application form attached as an Annex "A".

12. Approval of Rector:

- a. Approved/ Not approved.

Date:.....

.....
Rector Signature