

Application Form -Equipment for Faculty Staff Development Activities

1. Name of Applicant :
2. Designation :
3. Description of Planned Staff Development Activity

a) Topic :

b) Briefly explain the need for this activity:

C) Names of resource persons:

c) Briefly describe mode of training that will be utilized eg. Lectures / Workshops / Any Other (please explain)

d) Date and time duration of activity:

e) Venue :

4. Number of participants expected for this activity:
5. Please tick the equipment you require from the Staff Development Center

<input type="checkbox"/>	Multimedia Projector
<input type="checkbox"/>	Microphones
<input type="checkbox"/>	Sound System
<input type="checkbox"/>	Infrared Pointer and slide changer
<input type="checkbox"/>	Flipchart Stands
<input type="checkbox"/>	Laptop Computer

I recommend/ do not recommend providing this equipment for the Staff Development Activity.

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Signature of Faculty coordinator
Staff Development Center

.....
Date

Please check the equipment and sign if they are in working order prior to obtaining them for the training.

Item	Pre-lending	Post-lending
Multimedia Projector		
Microphones		
Sound System		
Infrared Pointer and slide changer		
Flipchart Stands		
Laptop Computer		

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Signature

CAA/Management Assistant

Staff Development Center

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Date