

Scholarship Program for Diploma Program on ECD and Preschool Education

University of Peradeniya -2021

Early Child Development Project

State Ministry of Women and Child Development, Pre-school, Primary Education, School Infrastructure and Education Service

Application

1. Name with initials:

2. Full Name:

3. NIC Number:

4. Date of Birth: Year Month Date

4.1. Age (By 2020.12.31)

5. Civil Status:

6. District:

7. Address:

8. E mail:

9. Mobile Number:

10. Name & Reg: Number of Preschool:

9.1 Number of children of the preschool

11. Monthly Family income:

12. Education

G.C.E.(O/L)

G.C.E.(A/L)

Subject	Results

Subject	Result

13. Details of training received

Name of the training course	Time Period	Training Institute	Remarks

14. Experience in years in ECD Sector

15. Declaration of the applicant

I am selected for the above training,

1. I will complete the training successfully
2. Apart from the course fee I will bear the other cost
3. I will continue the course till the end.
4. I will give quality ECD service to the children of my preschool
5. I will adhere to the goal and objectives of the Early Childhood Development Project during training period.

I hereby certify that the above particulars given above true and correct to the best of my knowledge.

Date:

Signature of the applicant

16. Recommendation

DS Division	Name	Signature
ECD Officer		

17. Approval

DS Division	Name	Signature
Divisional Secretary		

Note: 10 & 16 only for in-service preschool teachers

Address

Project Director,

Early Childhood Development Project ,

**State Ministry of Women and Child Development, Pre-school, Primary Education, School
Infrastructure and Education Service**

6th Floor , Wing A,

Sethsiripaya,

Batramulla.

Tele: 0112186163 Fax: 0112186169