



**Application Form
Student Activities
Faculty of Medicine, University of Kelaniya**



Student Society / Club / Interest Group			
Name of the Activity			
Names of the officials of the society/club/ group			
Chairperson			
Secretary			
Treasurer			
Senior academic advisor			
Key person responsible for the activity		Telephone No	
Brief description of the activity			
Background / purpose			
Date		Venue	
Starting Time		Closing time	
Requested facilities from the faculty: (i.e., sound systems, generators, vehicles, etc.)			
If tickets are printed for the event	Yes / No		
If 'Yes', the amount of the tickets		Value of a ticket	
Participants (MBBS. /SHS, batch, external members (specify)			
Attached detailed budget	Yes / No		

Names of the organizing committee (give at least 5 names and contact details)			
Member/ members responsible for clearing and waste disposal of the site			
Signature of Chairperson organizing committee / Society / Club			
Signature and comments of the Senior Student Advisor			
Signature and comments of the SAR/AR			
Date of the proposal was submitted to the Student Affairs Division (SAD)			
Recommendation of the Coordinator (SAD)		Date	
Proposal approved/not approved by Dean/Management Committee / Faculty Board			
Suggestions for revision / comments			
Is the University Flag and Logo are used:	Yes / No		
If 'Yes', Registrar's Approval		Date	

Note:

Once the necessary approvals are received a copy of the application form is required to be submitted to the SAR Office. The original should be filed at the Student Affairs Division.