

APPLICATION FORM

KDU has instructed to all permanent academic staff to create a web page in view of reaching higher web ranking for KDU. Accordingly, service charges applicable to hosting of web site and its renewal is reimbursed with the approved of the Vice Chancellor, subject to prevailing finance policies imposed by the KDU from time to time.

1. Name of the Applicant :
2. Designation :
3. Date of Permanent Appointment:
4. Department/Faculty :
5. Name of web hosting provider: Lankahost website solutions (Pvt) Ltd.
Others :
6. My personal web site Name :.....
7. Year for domain renewal fee requested :
8. Amount of renewal fee requested :
9. Have you received a similar financial support before? **Yes / No**
If yes, Year Amount
- Name of web hosting provider: Lankahost website solutions (Pvt) Ltd.
Others :.....

This is to certify that I have been updating my web site with updated KDU employment details and all my publications, researches, award grants & other academic activities. Following supporting documents/proofs are attached to this form.

- A copy of screen-shot of my web page with updated KDU employment.
- Original or certified copy (by HOD or Dean) of payment receipt.

Date

Signature of the applicant

-For Office use only-

10. Recommendation of the **HOD**

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Signature of the Head of the Department of

Date:

11. Recommendation of the **Dean**

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Signature of the Dean of the Faculty of Date:

12. Recommendation of the **DVC (Academic)**

Recommended/ Not recommended.

Signature of DVC (Academic) Date:

13. Recommendation of the **DR/SAR (Establishments)**

Upon the recommendation of the HOD, Dean and DVC (Academic), eligible/not eligible for reimbursement of web hosting/domain renewal fee amount ofbased on the approval granted by the Finance Committee, KDU at its meeting held on 09th June 2022.

Signature of DR/SAR (Establishments)..... Date:

14. Recommendation of the **Registrar**

Recommended/ Not recommended and request approval please.

Signature of the Registrar Date:

15. **Approval of the Vice Chancellor**

Approved/ Not approved the reimbursement of the above fee.

Signature of the Vice Chancellor Date:

16. Action taken

Respective AR/SAR of the faculty - For your necessary action please.