

Application Form - Intake - 20.....

PCM MIS MIT PGDIP

Study Centre Name

Details of the Student - Please use BLOCK Capitals

Status (Pls tick) Mr. Mrs. Miss. Other(Please specify)

Name with Initials

Please affix
1" x 1.1/4"
colour
Photograph

Date of Birth Year Month Date

NIC /Passport No (Please attach copy)

Address

Contact Numbers Home Office Mobile

E-mail

Results (Please indicate the grade under each column)

Entry Qualifications (Please attach copy) GCE O/L Results Year English Mathematics Other subjects

Work Experience

How did you find out about this program Print media (News papers) Word of mouth Other

Signature of the Student _____ Signature of the Receiving Officer _____ Date _____

For Official Use Only

Documents to be submitted when registering for the programme (Pls tick)

<input type="checkbox"/>	1 colour photographs(1" x 1, 1/4)	Amount Paid	<input type="text"/>
<input type="checkbox"/>	Photocopies of educational qualifications	Receipt Numbers	<input type="text"/>
<input type="checkbox"/>	Photocopy of NIC/ Passport		

Education Division Registration No