



Application Form

Please fill this form in **BLOCK CAPITALS**.

Name of the Course	
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1. Name

Title	Rev.	Mr.	Mrs.	Ms.	Other
Name in Full					
Name with Initials					

2. Date of Birth

DD	MM	YYYY

3. Sex

Male	Female
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Age	
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4. National Identity Card No.

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5.	Permanent Address	Work Place Address
	Telephone No.	Telephone No.
	Mobile No.	Fax No.
	E-mail :	E-mail :

6.	Work Place & Designation	
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7.	Vehicle No. (if any)	
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8. How did you get to know about the UCSC Short Term Training Courses? (Please tick appropriate box/es)

Newspaper Advertisement
 Past Student
 Facebook
 Search Engine
 E-mail Marketing
 Television
 Website Banners, Links, Posting
 Other (Please specify)

DECLARATION

I do hereby certify that the above particulars furnished by me are true and correct. In the event of my application for registration being accepted, I shall abide by all the regulations governing external candidates of the University of Colombo School of Computing. I am also aware that 80% attendance is required to be entitled for the participation certificate.

Date

Signature

For Office Use Only

Payment Method:	Amount:	Date Received:	Reference: