SPECIMEN APPLICATION FORM
SRI LANKA INSTITUTE OF ADVANCED TECHNOLOGICAL EDUCATION

Application Form for Admission to Higher National Diploma Courses in Year 2019

(Please fill in English BLOCK letters)

Name the Course Apply   HND…………………………………................................

1.   Name with initials   :- …………………………………………………..……

2.   Name/Names denoted by Initials   :- …………………………………………………………..

3.   Postal Address   :-……………………………………………………………………

4.   Date of Birth   : - Year ……….. Month ……… Day ………

     Age (as at 15.02.2019)   :- Year ……….. Month ……… Day ………

5.   National Identity Card No.   :- …………………………………………….

6.   Email Address   :- …………………………………………………..

7.   Gender   :-……………….

8.   Administrative District: - …………………...……… Contact Phone Number …………………….........

9.   (i).   Results of GCE Advanced Level Examination

          Year ………..   Index No…………..   Medium ……………

          Subjects   Grade

          1. …………………….   …………….

          2. …………………….   …………….

          3. …………………….   …………….

          4. …………………….   …………….
          Common General Paper: (Pass / Fail)

     Aggregate/ Z-Score of the above examination :-……………………….……

(ii). Results of GCE Ordinary Level Examination:-

Year ………..   Index No…………..   Medium ……………

Subjects	Grade	Subjects	Grade
1. …………………………..	…………….	6. …………………………….	……………….
2. …………………………..	…………….	7. ………………………..	………………..
3. …………………………..	…………….	8. …………………………….	……………….
4. …………………………..	…………….	9. …………………………….	……………….
5. …………………………..	…………….	10. …………………………….	……………….

10.   Highest Qualification for English in GCE Ordinary Level Examination :-

        Year ……….   Index No:……….   Grade :……….

11.   Only for Part time Courses

        Details of Present Employment / Self-employment :-

        Post   :-
        E.P.F. Number   :-

        Place of Work and Address   :-

        Date of Appointment   :-

        Business Registration Number (BRN)   :-

        Date of (BRN)   :-

I do hereby declare that I am not following any other full time course of study in any other state institution. I am aware that my registration will be cancelled at any time during the period of study if it is found that I concurrently follow a full time course at any other state institution or provide false or incorrect information. I do hereby certify that the information furnished here is true and accurate to the best of my knowledge.

Date: ……………………..   ………………………...

                                                         Signature of Applicant

(The bank receipt for Rs.500/= payable to SLIATE should be affixed below).

Affix the Bank Slip for the amount of Rs. 500/= credited to the SLIATE account in the People's Bank:

Name of the Bank   : People's Bank
Branch   : Hyde Park Corner Branch, Colombo 02
Account No   : 025-2-001-1-3397613
Address   : Advanced Technological Institute
                     # A9 Road,
                     Veppankulam,
                     Omanthai,
                     Vavuniya.
Tel.No   : 024 – 2052733