

Application Registration No	SRI LANKA - GERMAN TRAINING INSTITUTE Ariviyal Nagar - Kilinochchi Part Time Course Application Form	Interview results
Course Entry No		

(To write your name on the certificate, provide it as it appears on the birth certificate.)

Applicant's full name.

(In English)

1. Name with Initial.

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2. Permanent residential address:

3. Telephone number.

District..... Email Address

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4. Date of Birth.

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5. National Identity Card Number.

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6. Age on the date of commencement of course Year Month Day

7. Course of application weekdays Saturday Sunday

Course no:

8. Educational Qualification.

9. Please provide details if you have previously attended weekday or weekend courses at this institution.

For office use only

I. Course Course Entry No:.....

II. Course Course Entry No:

III. Course Course Entry No:

Professional qualification

10. If you are currently employed, please provide the recommendation with the official seal.....

11. Which course you will continue after completing this course.....

12. Name of person to contact in case of emergency

Address

Telephone Number.....

13. Interview Fee.....

Paid Bank branch

Date

14. I confirm that all the information provided in this application form is true and correct. If any of the information is found to be false or incorrect, I understand that I will be declared ineligible for the course, and subsequently removed from the course or training

Date

Signature

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