

# Certificate Level – Form ‘B’

(RE – ADMISSION)

Application No:	
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## SRI LANKA INSTITUTE OF TOURISM & HOTEL MANAGEMENT

APPLICATION FOR CERTIFICATE COURSES

### (A) PERSONAL PARTICULARS (IN CAPITAL LETTERS)

Full Name: .....

(As in NIC/Birth Certificate/Passport, to be filled in capital letters and underline the surname)

Permanent Address: .....

NIC No: 

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Tel. No. (Home) 

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Tel. No. (Mob) 

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Passport No: 

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Gender	Male <input type="radio"/>	
	Female <input type="radio"/>	

Date of Birth:

□ □	□ □	□ □ □ □
Date	Month	Year

Citizenship	Sri Lankan <input type="radio"/>	
	Other (Please Specify) <input type="radio"/>	

### (B) Choice of Course

Indicate 3 preferences if 3 courses remain. 2 if 2 please mark the box accordingly

	1 <sup>st</sup> Preference	2 <sup>nd</sup> Preference	3 <sup>rd</sup> Preference
Hotel Reception	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hotel Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restaurant & Bar Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Cookery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### (C) Choice of Branch

Indicate 2 preferences as 1 & 2. Please mark the box accordingly.

	1 <sup>st</sup> Preference	2 <sup>nd</sup> Preference
Colombo _____	<input type="checkbox"/>	<input type="checkbox"/>
Kandy _____	<input type="checkbox"/>	<input type="checkbox"/>
Anuradhapura _____	<input type="checkbox"/>	<input type="checkbox"/>
Koggala _____	<input type="checkbox"/>	<input type="checkbox"/>
Bandarawela _____	<input type="checkbox"/>	<input type="checkbox"/>
Ratnapura _____	<input type="checkbox"/>	<input type="checkbox"/>
Kurunegala _____	<input type="checkbox"/>	<input type="checkbox"/>

### (D) Details of Course Followed at SLITHM (Former Ceylon Hotel School of Tourism)

Course	Course No:	Grade	If referred; Course No:	Branch	Special Achievements

### (E) Industrial Training

Hotel	Position	Duration	
		From: DD/MM/YYYYY	To: DD/MM/YYYYY

**(F) Field of Specialization**

.....

**(G) Foreign Language Proficiency** (Please mark as 'Excellent', 'Good', 'Average')

Language	Read	Write	Speak	Office Use Only

**(H) Any Other Qualification/s**

**(I) CAREER PLAN**

Briefly state why you wish to pursue this course and the relevance it has for your career plan

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**(J) OTHER INFORMATION**

Have you ever been convicted by court of law for any offence? Yes /No. If yes, please give details.

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Have you ever been dismissed from employment for misconduct or any other reason? Yes /No. If yes, please give details.

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**(K) INSTRUCTIONS**

**Applications should be sent direct to the Registrar, Sri Lanka Institute of Tourism & Hotel Management.**  
78, Galle Rd, Colombo 03.

**Copies of IT Report/s must be sent to the Registrar on or before 10<sup>th</sup> Dec, 2015.**

**Service letter/s must be attached to the application form.**

Final decision on the selection of a student and the branch allocation will be taken by the Registrar.

**(L) DECLARATION**

I certify that the information furnished herein is true and that I will adhere to the instructions given above.

Date .....

Signature of Application.....

**(M) OFFICE USE**

IT Report / Service Letter checked by: .....

Any Remarks: .....

.....Date & Signature: .....

Aggregate of Course/s:.....

Branch Allocated: .....

Registrar's Decision .....Date & Signature: .....