

SRI LANKA INSTITUTE OF TOURISM & HOTEL MANAGEMENT APPLICATION FOR CERTIFICATE COURSES

(A) COURSE Indicate three preferences as 1,2 & 3 Please mark the box accordingly	(B) COLLEGE Indicate three preferences as 1,2 & 3
Professional Cookery <input type="checkbox"/>	Colombo <input type="checkbox"/> Kurunegala <input type="checkbox"/>
Food & Beverage <input type="checkbox"/>	Kandy <input type="checkbox"/>
Hotel Reception <input type="checkbox"/>	Anuradhapura <input type="checkbox"/>
Hotel Housekeeping <input type="checkbox"/>	Koggala <input type="checkbox"/>
	Bandarawela <input type="checkbox"/>
	Rathnapura <input type="checkbox"/>

(C) 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:

E-mail Address:

NIC No.	Tel. No.(Home)
	Tel. No.(Mob)
Passport No. (Foreign students only)	Sex Male <input type="radio"/> Female <input type="radio"/>
Date of Birth Date <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Citizenship Sri Lankan <input type="radio"/> Others (Please Specify) <input type="radio"/>

(D) EDUCATIONAL QUALIFICATIONS

G.C.E. (Ordinary Level) (1st Sitting) Year: _____ Index No: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		G.C.E. (Ordinary Level) (2nd Sitting) Year: _____ Index No: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		G.C.E. (Advanced Level) Year: _____ Index No: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Subject	Grade	Subject	Grade	Subject	Grade

(E) DEGREE PROGRAMME COMPLETED

Course Title	University	Result Obtained	Year

(F) INDUSTRIAL EXPERIENCE Total period of service in the industry			
Name of Hotel/s	Department	Period of Service To be confirmed by Hotel/s	Position/s Held

(G) ANY OTHER QUALIFICATIONS

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(H) CAREER PLAN Briefly describe why you wish to pursue this course and your future plan.

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- (I) INSTRUCTIONS**
- You may use extra paper/s if the space is not sufficient.
 - Applications should be sent direct to the relevant hotel school.
 - Copies of confirmation of service should be attached to the application form (originals of the same must be produced at the interview) as proof of such employment.

(J) . DECLARATION

I declare that the particular above are true to the best of my knowledge. I understand that should I make a false declaration, I shall be liable for disqualification or if already admitted, for expulsion from the course of study.

Date.....

Signature of Applicant.....