

Intermediate Level- FORM 'F'

(After the Certificate Level)

SRI LANKA INSTITUTE OF TOURISM & HOTEL MANAGEMENT

APPLICATION FOR ADMISSION TO THE INTERMEDIATE LEVEL

(A) COURSE APPLIED FOR (please tick the box accordingly)

Professional Cookery	<input type="checkbox"/>
Food & Beverage Operations	<input type="checkbox"/>
Front Office Operations	<input type="checkbox"/>
Hotel Housekeeping	<input type="checkbox"/>

(B) 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"/>

(C) 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"/> <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"/> <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"/> <input type="text"/> <input type="text"/>			
Subject	Grade	Subject	Grade	Subject	Grade

(D) DEGREE PROGRAMME COMPLETED

course Title	University	Result Obtained	Year

(E) COURSE COMPLETED

Course	Grade & Final %	Course No.	Batch No	Special Achievements	Office Use
Cookery					
Food & Beverage Operation					
Hotel Reception					
Hotel Housekeeping					

(F) INDUSTRIAL EXPERIENCE

Establishment	Department	Designation	From	Duration	To	Office Use

(G) ANY OTHER QUALIFICATIONS

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(H) CAREER PLAN

please write in out more than 50 words why you wish to pursue this course & future career plans

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(I) INSTRUCTIONS

Application should be sent directly to the registrar, Sri Lanka Institute of Tourism & Hotel Management No. 78, Galle Road, Colombo 03 Prior to the closing date. necessary Industrial Training should be completed and Industrial Training report to be received by the Registrar's Office No. 78, Galle Road, Colombo o3 one week prior to the closing date.

(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.....

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