## FOUNDATION LEVEL - FORM 'I'

## SRI LANKA INSTITUTE OF TOURISM & HOTEL MANAGEMENT APPLICATION FOR FOUNDATION COURSES

(A) CHOICE OF COURSE- Indicate three preferences as 1	2 3 & 4						
Please mark the box accord							
Pastry & Bakery	<u>9-</u> j						
Laundry Operations							
Cost Controlling							
Event Management							
(C) PERSONAL PARTICUI	LARS (IN C	CAPITAL LETTERS)					
Full name: (As in NIC/Birth Certificate/P	assport, to	be filled in capital l	etters an	d underline	the surname	)	
Permanent Address:							
E-mail Address:							
NIC No.			Tel. No.(Home)				
			Tel. No.(Mob)				
Passport No. (Foreign students only)			Sex	Male O Female O			
Date of Birth			Citizonohin		Sri Lankan O		
Date Month Year Month			Citizenship		Others (Please Specify)		
(D) EDUCATIONAL QUALIFICATIONS							
G.C.E.		G.C.E.			G.C.E.		
(Ordinary Level) (1st Sitting)		(Ordinary Level) (2nd Sitting)		(Advanced Level)			
Year:		Year:			Year:		
Index No:		Index No:			Index No:		
Subject	Grade	Subject		Grade	Subject		Grade
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(E) INDUCTOIAL EVO	EDIENOF	Total period of se	nioc in the	industrii:			
(E) INDUSTRIAL EXPI			i vice iii tiie		f Comics	Daai#:	/o Hold
Name of Hotel/s		Department		Perioa C	f Service	Position	/s ⊓elü

(F) ANY OTHER QUALIFICATIONS
(O) CARPER DI AN
(G) CAREER PLAN Briefly describe why you wish to pursue this course and your future plan.
(H) INSTRUCTIONS
You may use extra paper/s if the space is not sufficient.
Application should be sent direct to the relevant hotel school.
Refer Information sheet for more details.
• Final decision on the selection of a student and the branch allocation will be taken by the Registrar.
<ul> <li>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.</li> </ul>
(I) . 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.
DateSignature of Applicant
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