

SRI LANKA INSTITUTE OF TOURISM & HOTEL MANAGEMENT

(A) COURSE

Indicate three preference as 1,2 & 3

<input type="checkbox"/> Professional Cookery	<input type="text"/>
<input type="checkbox"/> Food & Beverage	<input type="text"/>
<input type="checkbox"/> Hotel Reception	<input type="text"/>
<input type="checkbox"/> Hotel Housekeeping	<input type="text"/>

(B) COLLEGE

Indicate three preference as 1,2 & 3

<input type="checkbox"/> Colombo	<input type="text"/>
<input type="checkbox"/> Kandy	<input type="text"/>
<input type="checkbox"/> Anuradhapura	<input type="text"/>
<input type="checkbox"/> Koggala	<input type="text"/>
<input type="checkbox"/> Bandarawela	<input type="text"/>
<input type="checkbox"/> Rathnapura	<input type="text"/>
<input type="checkbox"/> Kurunegala	<input type="text"/>
<input type="checkbox"/> Pasikudah	<input type="text"/>

(C) PERSONAL DETAILS (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)	Gender:	Male	<input type="text"/>
		Female	<input type="text"/>
Date of birth:	Citizenship :	Sri Lankan	
Date <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"/>		Others (Please Specify)	

(D) EDUCATIONAL QUALIFICATIONS

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

Prepared & Reviewed By:	<i>Assistant Registrar</i>	Approved By:	<i>Registrar</i>
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(E) If you have followed Craft Level courses at SLITHM;

Year	Batch No	Department	Branch	Aggregate	Grade

(F) INDUSTRIAL EXPERIENCE

Total period of service in the industry:

Name of Hotel/s	Department	Period of service	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.
- ✘ 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.**
- ✘ Copies of confirmation of service should be attach to the application from (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

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