Application No:		(RE – ADMISSION)										
SRI LANKA INSTITUTE OF TOURISM & HOTEL MANAGEMENT  APPLICATION FOR CERTIFICATE COURSES												
(A)PERSONAL												
Full Name:(As in NIC/Birth Cei						erline	the s	urna	 ime)			
Permanent Address	:									••••		
NIC No:				Tel. No. (Hom	e)							
				Tel. No. (Mob)	)							
Passport No:				Gender		Male Female					0	
Date of Birth:  Date Month Year				Citizenship		Sri Lankan Other (Please Specify)				0		
(B)Choice of Co	ourse			(C) Choice	of Bra	nch						
Indicate 3 preferences if 3 courses remain. 2 if 2 please mark the box accordingly  1st   2nd   3rd			3 <sup>rd</sup>	Indicate 2 preferences as 1 & 2. Please mark the accordingly.  Colombo					he bo 2 <sup>nd</sup> Preference	× ]		
Hotel Reception				Kandy								
Hotel Housekeeping				Anuradhapura Koggala						1		
Restaurant & Bar Service  Professional Cookery			Bandarawela									
				Ratnapura Kurunegala								
(D)Details of Course Followed at SLITHM (Former Ceylon Hotel School of Tourism)												
Course	Course No:	Grade	If referred; Course No:		Bra	Branch		Special Achiever		eveme	ents	
(E) Industrial Training												
Hotel Position		on	Duration From: DD/MM/YYYYY To: DD/MM/YY			/YYYY						
			10. 55, WWY 111									

Prepared & Reviewed By:	Assistant Registrar	Approved By:	Registrar
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(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								
(I) OTHER INCORNATION								
(J) OTHER INFORMATION  Have you ever been convicted by court of law for any offence? Yes /No. If yes, please give details.								
Have you ever been dismissed from employment for misconduct or any other reason? Yes /No. If yes,								
please give details.								
(K) INSTRUCTIONS  Applications should be sent direct to the Registrar, Sri Lanka Institute of Tourism & Hotel Management.								
78, Galle Rd, Colomb	o 03.			_	_			
Copies of IT Report, Service letter/s mu					2017.			
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:								
Prepared & Reviewed B	'v:	Acc	ristant Registrar   Appro	ved Rv:	Registrar			

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