Intermediate Level- FORM 'G' (with Industry Experience)

SRI LANKA INSTITUTE OF TOURISM & HOTEL MANAGEMENT APPLICATION FOR ADMISSION TO THE INTERMEDIATE LEVEL

(A) PERSONAL PARTI	CULAR	S (IN CAPITALLE	ETTERS)			
Professional Cookery						
Food & Beverage Opera	ations					
Front Office Operation						
Hotel Housekeeping						
(B) PERSONAL PARTI	CULAR	S (IN CAPITALLE	TTERS)			
Full name:						
(As in NIC/Birth Certificate/P	assport, to	o be filled in capital l	etters and ı	underline	the surname)	
Permanent Address:						
E-mail Address:						
NIC No.		Tel. No.(Home)				
			Tel. No.(Mob)			
Passport No. (Foreign students only)			Sex	Male Female		
Date of Birth		Citizenship		Sri Lankan	0	
Date Month Year Year		Others (Please Specify)			pecify)	
(C) EDUCATIONAL C	UALIF	CATIONS				
G.C.E. (Ordinary Level) (1st Sitting) Year: G.C.E. (Ordinary Level) (2 Year:		Year:				
Index No:	0	Index No:			Index No:	0
Subject	Grade	Subject		Grade	Subject	Grade

Prepared & Reviewed By:	Assistant Registrar	Approved By:	Registrar
Doc No:	G	Date Issued:	
Revision No./Date:	2019-05-07	Page No:	Page 1 of 2

(D) DEGREE PROGRAMME COMPLETED					
course Title	University	Result Obtained	Year		
(=)					
(E) INDUSTRIAL EXPE	ERIENCE				
Name of Hotel/s	Department	Period of Service	Position/s Held		
(F) ANY OTHER QUAL	LIFICATIONS				
(G)CAREERPLAN please	write in out more than 50 words w	thy you wish to pursue this course	& future career plans		
(G)CANLLINI LAN Please	e write in out more than 50 words w	nly you wish to pursue this course	e & luture career plans		
(H) INSTRUCTIONS					
A multipotion of a clather and discosticted	h a na aistuan Cuil an lealan leatite ta af Ta		Calla Dand Calamba 00		
Application should be sent directly to t	· ·	<u> </u>			
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.					
(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.					
, , , , , , , , , , , , , , , , , , , ,					
Date	Signature of App	licant			

Prepared & Reviewed By:	Assistant Registrar	Approved By:	Registrar
Doc No:	G	Date Issued:	
Revision No./Date:	2019-05-07	Page No:	Page 2 of 2