

SRI LANKA INSTITUTE OF TOURISM & HOTEL MANAGEMENT**(Form 'H')****APPLICATION FOR NATIONAL TOURIST GUIDE TRAINING PROGRAMME****(A) PERSONAL PARTICULARS**

Full Name:

(As in NIC/Birth Certificate /Passport, to be filled in capital letters and underline the surname)

NIC No:	Tel. No. (Home)		
	Tel. No. (Mob)		
Date of Birth Date Month Year	Gender :		Male Female

Email Address : (Please mention Clearly)

(B) EDUCATIONAL QUALIFICATIONS**(i) G.C.E. (O/ L) English**

1 st Sitting		2 nd Sitting
Index No:		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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Year: Grade:		Year: Grade:
<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>

(ii) G.C.E. (A/ L)

1 st Sitting		2 nd Sitting
Index No:		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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Year :		Year :
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"/>

(C) HIGHER EDUCATIONAL QUALIFICATION

Degree:

Name of the University :

Completed Year :

(D) LANGUAGE :

.....

(Please write most fluent foreign language. It will be the language you have to guide & face for the Language Test)

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

(i) LANGUAGE QUALIFICATION : EDUCATIONAL

Level of Language :

Institute :

Year :

(ii) LANGUAGE QUALIFICATION : PROFESSIONALLevel of Language : Excellent : Good : Average :

Position held :

Country :

Years :

(E) HAVE YOU EVER OBTAINED THE FOLLOWING LICENSES

Temporary Guide License	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	(If Yes, Mention the Year)
Site Tour Guide	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	(If Yes, Mention the Year)
Area Tourist Guide	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	(If Yes, Mention the Year)
Chauffeur Guide	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	(If Yes, Mention the Year)

(F) EMPLOYMENT DETAILS IN TOURISM INDUSTRY

Name of the Institution	Position/s Held	Period of service	
		From	To

(G) LIST TWO NON RELATED REFEREES

Name	Address	Designation	Telephone Number

(H) ANY OTHER INFORMATION YOU WISH TO STATE :**(I) DECLARATION :**

I certify that the particulars given above are true to the best of my knowledge. I understand that if I make a false declaration, then I will be liable for disqualification or if already admitted, for exclusion from the course of study. I also certify that I am mentally and physically fit and not convicted of an offence under the penal code.

Date :

Signature of Applicant :

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