

SRI LANKA INSTITUTE OF TOURISM & HOTEL MANAGEMENT

Certificate Course in Event Management

(A) 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)

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Tel. No.(Mob)

Date of Birth:

Gender:

Male

Date

Month

Year

Female

(C) EDUCATIONAL QUALIFICATIONS

(D) ANY OTHER QUALIFICATIONS

(E) 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