

SRI LANKA INSTITUTE OF TOURISM & HOTEL MANAGEMENT

(Form 'H')

APPLICATION FOR CHAUFFEUR 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)

Tel. No. (Whatsapp)

Date of Birth

Date | Month | Year

Gender :

Male

Female

Postal Address :

Email Address : (Please mention Clearly)

(B) EDUCATIONAL QUALIFICATIONS

G.C.E. (O/ L) (Attach a certified copy)

1 st Sitting								2 nd Sitting							
Index No:								Index No:							
Year:								Year:							
Subject				Result				Subject				Result			

(C) DRIVING LICENSSE

Obtained Year:

(You should possess a valid license to drive a vehicle with a seating capacity of seven, with at least five (05) years of experience of driving & should attach a certified copy of Driving License)

(D) LANGUAGE :

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

Prepared & Reviewed By:	Assistant Registrar	Approved By:	Registrar
Doc No:	A	Date Issued:	
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(i) LANGUAGE QUALIFICATION : EDUCATIONAL

Level of Language :

Institute :

Year :

(ii) LANGUAGE QUALIFICATION : PROFESSIONAL

Level 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)

(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 a 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 :

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