

4. Other Qualifications

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5. Present Employment (If any)

Institution

Designation

Office Address

Office Telephone

.....
Signature

Date

D	D	M	M	Y	Y	Y	Y
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Methods of Payment:

Please contact the IT center on **081 239 2070/ 081 238 4848** for details on payments

Course Registration

Registration No

Course Code

Course Fee (LKR)

Date	Amount Paid (LKR)	Receipt No.	Balance (If any)	Authorized Officer