SRI LANKA INSTITUTE OF TOURISM & HOTEL MANAGEMENT

(A)COURSE						
Indicate three preference as 1,2 & 3						
♣ Professional Cookery						
▼ Food & Beverage						
(B)COLLEGE						
Indicate three preference as 1,2 & 3						
№ Colombo						
№ Kandy						
★ Koggala						
№ Bandarawela						
★ Rathnapura						
★ Kurunegala						
№ Pasikudah						
(C)PERSONAL DETAILS (IN CAPITAL	LETTERS)					
Full Name:						
(As in NIC/Birth Certificate /Passport,	to be filled in ca	pital letters	and	under	line the surname)	
Permanent Address:						
E-mail Address:						
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NIC No:		Tel. No.(H)		
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(Foreign students only)			Fem	nale		
Date of Birth:		Citizenshi	Citizenship: Sri Lan Others		nkan	
Date Month Yea	ır				s (Please Specify)	
(D)EDUCATIONAL QUALIFICATIONS						
G.C.E.	G.C.E.				G.C.E.	
(Ordinary Level) (1 st Sitting)	(Ordinary Leve	el) (2 nd Sittii	ng)		(Advanced Level)	
Year:	Year:				Year:	
Index No:	Index No:				Index No:	
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Year	Batch No	Department	Branch	Aggregate	Grade
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Name of Hot		Department	Period of service	Positio	n/s Held
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Signature of Applicant