

(D) DEGREE PROGRAMME COMPLETED

course Title	University	Result Obtained	Year

(E) INDUSTRIAL EXPERIENCE

Name of Hotel/s	Department	Period of Service	Position/s Held

(F) ANY OTHER QUALIFICATIONS

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(G) CAREER PLAN please write in out more than 50 words why you wish to pursue this course & future career plans

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(H) INSTRUCTIONS

Application should be sent directly to the registrar, Sri Lanka Institute of Tourism & Hotel Management No. 78, Galle Road, Colombo 03 Prior to the closing date. necessary Industrial Training should be completed and Industrial Training report to be received by the Registrar's Office No. 78, Galle Road, Colombo o3 one week prior to the closing date.

(I) 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.....