





**06. Professional Qualifications**

Please include copies of certificates/attestations. (*Continue on a separate sheet of paper, if necessary.*)

Awarding Body	Qualification	Areas of Studies	Average grades, if relevant	Award Date

**07. Work Experience (where relevant)**

(*Please continue on a separate sheet of paper, if necessary*)

Duration of Employment	Name of the Employer	Brief description of work and responsibility

**08. English Language**

If ever any English language test is taken, please provide copies of certificates/attestations.

Tests taken and their score

Date

**09. Further Information**

Please provide (*on a separate sheet of paper*) any other relevant information to support your application, including your reasons for wishing to undertake undergraduate study at CINEC.

**10. References**

Please provide names and contact details of two non-related referees.

Telephone

Telephone

Fax

Fax

E-mail

E-mail

**11. Please indicate how you found out about the Undergraduate Programme for which you are applying.**

Prospectus

Website

Colleague/friend

Advertisement (please state)

Other (please state)

**12. Data Protection Act**

CINEC Campus requires the information on this form for education purposes and your personal data will be processed in accordance with the Campus's registration and current data protection legislation.

**13. Declaration**

**Criminal Convictions**

Have you ever been convicted for criminal misdemeanour? (If 'YES', please explain on a separate sheet)

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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**I confirm that the particulars given in this form are true to the best of my knowledge and belief correct, and that, if admitted to the CINEC Campus, I shall abide by its Statutes, Ordinances and Regulations.**

**Applicant's Signature**

**Date**

**For Office Use Only**

Received by	<input type="text"/>
Received on	<input type="text"/>
Signature	<input type="text"/>

Accept / Reject	<input type="text"/>
Name of the HOD	<input type="text"/>
Date	<input type="text"/>
Signature	<input type="text"/>

Special Notes

**REFERENCE FOR AN APPLICANT FOR UNDERGRADUATE STUDY**  
**Please complete in blue ink or type.**

**PART A: TO BE COMPLETED BY THE APPLICANT**

**Applicant Details**

Surname/Family Name

First/Given Name(s)

**Proposed Programme Details**

Title of the Programme

Code

**PART B: REFERENCE**

Please give your reference here or attach a statement on official paper.  
*(In any case, please sign at the bottom of this page.)*

Name of the Referee

Designation

Name of Institution and Full Address

Signature

Date

Official Stamp

**REFERENCE FOR AN APPLICANT FOR UNDERGRADUATE STUDY**  
**Please complete in black ink or type.**

**PART A: TO BE COMPLETED BY THE APPLICANT**

**Applicant Details**

Surname/Family Name

First/Given Name(s)

**Proposed Programme Details**

Title of the Programme

Code

**PART B: REFERENCE**

Please give your reference here or attach a statement on an official paper. *(In any case, please sign at the bottom of this page.)*

Name of the Referee

Designation

Name of Institution  
and Full Address

Signature

Date

Official Stamp

## **DOCUMENT CHECK LIST**

When submitting the Application Form, please mark the checklist (see below) appropriately, and make sure that all relevant documents have been included.

Thank you.

### **Documents Check List**

- Completed and duly signed Application Form
- Two passport size photo
- Two copies of your certificate of birth
- Two copies of your ID/Passport
- Two Copies of your O/L certificate
- Two Copies of your A/L certificate
- Two Letters of Reference

**Please return to:**

Department of Logistics and Transport  
Faculty of Humanities and Social Sciences  
CINEC Campus  
Millennium Drive, IT Park, Malabe CO 10115  
Sri Lanka



**COMMISSIONER GENERAL OF EXAMINATION  
(CERTIFICATE BRANCH)**

**CONFIRMATION OF EXAMINATION RESULTS**

Please confirm the following exam results. This detail of results was obtained from the results sheet given by him / her. Photo copy of result sheet is annexed herewith.

- 01 (i) Name of Applicant ( With Initials )  
.....
- ( ii ) Name in full of Applicant  
.....
- 02. Name of Examination : **G.C.E. ( O / L )** .....
- 03. Year and Month of Examination: .....
- 04. ( i ) Index Number: ..... ( ii ) Center Number : .....
- 05. Subjects passed and Grades.

<b>Subjects</b>	<b>Grades</b>
1. Mathematics	.....
2. English	.....
3. Science & Technology	.....
4. Religion	.....
5. Lang. & Lit ( S. )	.....
6. Soc. St. & His	.....
7. Eng. Lit	.....
8. Art / Music / Dancing	.....
9. Bus & Acct	.....
10. Geography	.....
11. Cons. & Tech	.....
12. ....	.....

Prepared By:.....

.....  
 Dean – Faculty of Humanities & Social Sciences  
 Signature & Post  
 Rubber stamp of Head of Department

**For the Use of Examination Department Only**

Name as per original result schedule : .....

- Distinction Passes : .....
- Very Good Passes : .....
- Credit Passes : .....
- Ordinary Passes : .....
- Total Passes : .....

Checked By: 1.....  
 Checked By: 2.....

Date : .....

Counter Signature: .....

**COMMISSIONER GENERAL OF EXAMINATION  
(CERTIFICATE BRANCH)**

**CONFIRMATION OF EXAMINATION RESULTS**

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- 01 (i) Name of Applicant ( With Initials )  
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- 02. Name of Examination : **G.C.E. ( A / L )** .....
- 03. Year and Month of Examination: .....
- 04. ( i ) Index Number: ..... ( ii ) Center Number : .....
- 05. Subjects passed and Grades.

	<b>Subjects</b>	<b>Grades</b>
1.	.....	.....
2.	.....	.....
3.	.....	.....
4.	.....	.....
5.	.....	.....
6.	.....	.....
7.	.....	.....
8.	.....	.....
9.	.....	.....
10.	.....	.....

Prepared By: .....

.....  
 Dean – Faculty of Humanities & Social Sciences  
 Signature & Post  
 Rubber stamp of Head of Department

**For the Use of Examination Department Only**

Name as per original result schedule : .....

- Distinction Passes : .....
- Very Good Passes : .....
- Credit Passes : .....
- Ordinary Passes : .....
- Total Passes : .....

Checked By: 1.....  
 Checked By: 2.....

Date : .....

Counter Signature: .....



**Department of Logistics and Transport  
Faculty of Humanities & Social Sciences  
Registration Form  
Undergraduate Students**

Manager, Department of Finances  
CINEC Maritime Campus  
Millennium Drive, IT Park, Malabe

Information of the prospective student

Name of the Student	
Address	
ID/Passport Number	
Date of Birth	
Telephone Number	
Programme of study	<b>BSc (Hons.) in Logistics and Transportation</b>
Programme Code	<b>BScC-551</b>
Batch Number	<b>16-03</b>
Registration Fee	<b>SLR 30,000</b>

The student as above noted has been accepted to study for BSc in the subject as noted above and request, therefore, to register him/her as a student according to information provided in here.

Thank you

Signature		<i>Official Stamp</i>
	<b>Mr. Lalith Edirisinghe</b> Head Faculty of Humanities & Social Sciences	
Date	...../...../2016	

Student Number	
Registration Number	
Signature of the Cashier	
date	