

Proposed Programme Details

01.

Application to Register as an Undergraduate Student

CINEC CAMPUS

Affix
a passport size
photo
in here
and submit
an additional
photo
at the Registration

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	Code	e 							BSc -	551											
02.	Title	Personal Details Title (Mr/Ms) Surname/Family Name																			
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Telephone (Day)
Telephone (Evening)
Telephone (Mobile)

Fax

E-mail

03.	Finance Relationsh	ip]
	Proposed Source/s of Finance (If it is not self-financing, Please provide the contact details of the financier)					
04.	disability the support/factors	k the rele nat might cilities. (<i>Th</i>	affect your st	udies or ma n <i>provided n</i>	,	
05.	Contact I	Details of	f the Paren	t/ Guardia	an	
	Address:					
	Tel: Mob	ile		Home		
06.	Academic Please inclu GCE O/L School Atte Year:	ude copies	of certificate	s and simila Year:	r Index No:	
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07.	Please incl	nal Qualification ude copies of cention heet of paper, if	rtificates/atte	estations. (<i>Continu</i>	ie on a	
Awarding Body Qualification		Areas of Studies	Average grades, if relevant	Award Date		
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08.	(Please co.		rate sheet of	f paper, if necessa		
_	ration of ployment	Name of the Employer	Brief d	lescription of work a responsibility	and	
09.	O9. English Language If ever any English language test is taken, please provide copies of certificates/attestations. Tests taken and their score Date DD MM YYYY					

10. 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.

	11.	Reference: Please prov referees.	s ride names and cor	ntact details o	of two non-related	
		Telephone		Telephone		
		Fax		Fax		
		E-mail		E-mail		
	12.	Programm Prospectus Website	e for which you a		out the Undergradge.	duate
		Colleague/fi Advertiseme Other (plea	ent (please state)			
	13.	education p	pus (Pvt) Ltd required ourposes and your puit with the Campus's	personal data	mation on this forn a will be processed and current data	
	14.	Criminal C Have you e	onvictions		misdemeanour? (<i>I</i>	f
	I confirm that the particulars given in this form are true and accurate to the best of knowledge and belief correct, and that, in the event where any or all of them become untrue, I would undertake the full responsibility of the inaccuracies and we indemnify CINEC of any loss and/or damage caused by such inaccuracies. I also declare that in any event, where as a result of my acts or omissions, if I become disqualified or unsuitable to further my studies at CINEC, I would without making claim whatsoever as to the payment/s already made, relinquish my rights as a studie of CINEC.					ecome
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		untry and woul			aws, rules and regulati- licies and codes of cond	
		Applicant's	s Signature			
		Data.				
Page 4 of	9	Date				

For Office Use Only

Received by Received on Signature		
Accept / Reject Name of the HOD		
Signature	Date:	
Special Notes		

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

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 COMPL	LETED BY THE APPLICANT
Applicant Details Surname/Family Name First/Given Name(s)	
Proposed Programme Title of the Programme Code	Details
	nce here or attach a statement on an official ase 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.

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Completed and duly signed Application Form
Two passport size photos
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 Management and Social Sciences CINEC Campus (Pvt) Ltd Millennium Drive, IT Park, Malabe CO 10115 Sri Lanka



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

Manager, Department of Finances CINEC Campus (Pvt) Ltd Millennium Drive, IT Park, Malabe

Information of the prospective student

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Name of the Student	
Address	
ID/Passport Number	
Date of Birth	
Telephone Number	
Programme of study	BSc. (Hons) in Logistics and Transportation
Programme Code	BSc - 551
Batch Number	
Registration Fee	LKR

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	Prof. Lalith	Official Stamp
	Edirisinghe	
	Dean	
Data	Faculty of Management	
Date	& Social Sciences	
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Student Number	
Registration Number	
Signature of the Cashier	
Date	