





**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**

The University (DMU) requires information on this form for education purposes and your personal data will be processed in accordance with the University'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  No

**I confirm that the particulars given in this form are to the best of my knowledge and belief correct, and that, if admitted to the University, I shall abide by the Statutes, Ordinances and Regulations of the University.**

**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
<input type="text"/>

**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

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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 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

Name of the Student	
Address	
ID/Passport Number	
Date of Birth	
Telephone Number	
Programme of study	<b>BSc in International Transportation Management and Logistics</b>
Programme Code	<b>BScC-550</b>
Batch Number	20-15
Registration Fee	<b>USD 500</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>
	Prof. Lalith Edirisinghe Dean, Department of Logistics and Transport, Faculty of Management and Social Sciences	
Date	...../...../2020	

Student Number	
Registration Number	
Signature of the Cashier	
Date	