



**03. Finance**Relationship Proposed Source/s of Finance  
(If it is not self-financing,  
Please provide the contact  
details of the financier)**04. Special Needs**

Please mark the relevant box indicating if you have any physical or other disability that might affect your studies or may require special support/facilities. (The information provided may be used in making appropriate arrangements for support in your studies.)

 Yes  No **05. Contact Details of the Parent/ Guardian/ Spouse**Name: Address: Tel: Mobile Home **06. Academic 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. 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

**08. 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

**09. English Language**

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

Tests taken and their score

Date

**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 postgraduate study at CINEC.

**11. References**

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

Telephone

Telephone

Fax

Fax

E-mail

E-mail

**12. Please indicate how you found out about the Postgraduate Programme for which you are applying.**

- Prospectus
- Website
- Colleague/friend
- Advertisement (please state)
- Other (please state)

**13. Data Protection Act**

CINEC Campus (Pvt) Ltd 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.

**14. 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 true and accurate to the best of my 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 would 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 any claim whatsoever as to the payment/s already made, relinquish my rights as a student of CINEC.

I further declare that, I would abide by all the applicable laws, rules and regulations of the country and would also abide by the internal rules, policies and codes of conduct of CINEC.

**Applicant's Signature**

**Date**

**For Office Use Only**

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

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

Special Notes
<input type="text"/>

**REFERENCE FOR AN APPLICANT FOR POSTGRADUATE 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 POSTGRADUATE 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 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 Management & Business Studies  
Faculty of Management and Social Sciences  
CINEC Campus (Pvt) Ltd  
Millennium Drive, IT Park, Malabe CO 10115  
Sri Lanka





**Department of Management & Business Studies  
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>MBA</b>
Programme Code	
Batch Number	
Registration Fee	<b>LKR</b>

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

Thank you

Signature	<b>Prof. Lalith Edirisinghe</b> Dean Faculty of Management & Social Sciences ...../...../.....	<i>Official Stamp</i>
Date		

Student Number	
Registration Number	
Signature of the Cashier	
date	