

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

Name:

Address:

Tel: Mobile

Home

06. Academic Qualifications

Please include copies of certificates and similar

GCE O/L

School Attended:

Year: Index No:

| Subject | Grade |
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Year: Index No:

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GCE A/L

School Attended:

Year: Index No:

| Subject | Grade |
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Year: Index No:

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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 |
|---------------|---------------|------------------|-----------------------------|------------|
| | | | | |
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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 |
|------------------------|----------------------|--|
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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 undergraduate 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 Undergraduate 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"/> |

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

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|----------------------|
| 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

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 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 | BMgt. (Hons) in Supply Chain Management |
| Programme Code | BMgt. 552 |
| Batch Number | |
| Registration Fee | LKR |

The student as above noted has been accepted to study for BMgt 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 Edirisinghe | <i>Official Stamp</i> |
| Date | Dean Faculty of Management & Social Sciences/...../..... | |

| | |
|--------------------------|--|
| Student Number | |
| Registration Number | |
| Signature of the Cashier | |
| Date | |