

Application to Register as an Undergraduate Student

CINEC CAMPUS

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

01. Proposed Programme Details

Title of the Programme

Bachelor of Management (Hons.) in Human Resource Management

Code

BMgt- 559

02.	Personal Details Title (<i>Mr/Ms</i>)
	Surname/Family Name
	First/Given Name(s)
	Previous Surname (if any)
	Date of Birth DDMMYYYYY Gender National ID/Passport Number
	Permanent Address Address during study period
	Telephone (Day) Image: Comparison of the second s
	Telephone (Evening)

03.	Finance Relationsh	ip]
	Proposed S (If it is not Please prov details of th	self-financii ide the con	ng, tact			
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. (<i>The information provided may be used in making appropriate arrangements for support in your studies</i> .) Yes No					
05.	Contact I Name:	Details of	f the Paren	nt/ Guardia		
	Name.					
	Address:					
	Tel: Mob	oile		Home		
06.	Academic Please inclu GCE O/L School Atte Year:	ude copies	of certificate	es and simila Year:	ır Index No:	
	Subject		Grade		Subject	Grade
	GCE A/L					
	School Atte Year:	ended: Index No		Year:	Index No:	
	Subject		Grade		Subject	Grade
11					0.00,000	Graue
-						Grade

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 Image: Second S

09. English Language

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

Tests taken and their score

DD MM

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.	Programm Prospectus Website Colleague/f	e for which you riend ent (please state)		out the Undergrad g.	uate
13.	3. 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)					
them	of my knowled become untrue	ge and belief correct, e, I would undertake t	and that, in t he full respons	are true and accurate the event where any or be event where any or bibility of the inaccuracies.	all of
disqua claim	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 Received on Signature	
Accent / Reject	

Accept / Reject	
Name of the HOD	
Signature	Date:

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 Title of the Programme Code	Details

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 Title of the Programme Code	Details

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	BMgt (Hons.) in Human Resource
	Management
Programme Code	BMgt-559
Batch Number	20-02

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.

Student Number	
Registration Number	
Signature of the Cashier	
date	