

Unique Training Institute in Sri Lanka

Student Enrollment Application Form

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For Office Use only

Application Ref No

Date Received

1. Personal Details

Title: (Ven. Mr. Mrs. Ms.)

1.1 Full Name in Block Letters:

1.2 Date of Birth:

1.3 National Identity Card Number:

1.4 Home Address:

1.5 Email Address:

1.6 Contact Numbers:

1.7 WhatsApp Number:

2. Academic Qualifications

2.1 G.C.E. (O/L)

2.2 GCE (A/L)

2.3 Higher Qualifications

3. Professional Qualifications

4. **Work Experience**

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5. **Current Work Place / Address / Contact Number, if any**

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6. **Selected Training Course(s)**

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7. **Would you prefer to attend the Classes on Weekends or Weekdays?**

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8. **Do you need the Training Course conducted ONLY in English Medium?**

YES or NO

9. **Do you need the Training Course explanations in 'Sinhala' Language?**

YES / NO

10. **Do you need to complete the Training Course urgently?**

YES / NO if 'YES', Please give reason?

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11. **Would you plan for a Foreign Job? If yes, please give more information?**

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12. **Do you have any other information that is important for the Training Institute?**

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I hereby certify that the information furnished above are true and correct to the best of my knowledge.

Signature of Applicant **Date**

If the Applicant needs support while this application is filled, please contact Administrator at Unique Training Institute on 074-222-3763 | 074 261 7061