

ADMISSION TO ADVANCED TECHNOLOGICAL INSTITUTE – KURUNEGALA

01) Particulars of the course:

HND..... (Full Time/ Part Time) - 2023

02). Name with initials:

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i). Names denoted by initials:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

03). Date of Birth :

--	--	--	--	--	--	--	--

Nationality:

05). Male/Female:

M	F
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National Identity card No:

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06). Address:

i). Permanent Address:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

ii). Temporary Address: (if any):

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

07). Telephone No: I. Mobile:

II. Home:

III. Father:

IV. Mother:

08). Email:

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09). Particulars of School Attended:

	From	To
01. (O/L).....
02. (A/L).....

10). Particulars of Examinations passed.

(Include the best result of two examinations which will complete the required qualifications.).

G.C.E.(O/L)

Year :

Index No :

G.C.E(A/L)

Year:

Index No:

Z – Score:

<u>Subject</u>	<u>Grade</u>
1.....
2.....
3.....
4.....
5.....
6.....
7.....
8.....
9.....
10.....

<u>Subject</u>	<u>Grade</u>
1.
2.
3.
4.

General Test Marks -

08). Professional Qualifications –

Passed Exam

Institute

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.....
.....

11). I certify that the particulars stated in this specimen form are true and correct according to my knowledge & belief. I declare that I will maintain the discipline of the institute I will not act to destroy any properties of the Institute and in the event of any damage caused by me, I agree that I will abide by the orders enforced on me by the Head of Institute.

Date:.....

.....
Signature of Applicant

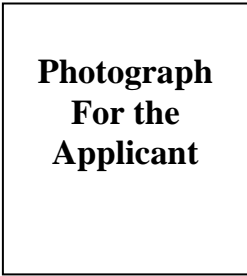
Certificate of the Parent /Guardian/Employer

Day Course

- 01. Name of father/mother/guardian:
.....
- 02. National Identity Card No:
.....
- 03. Address:
.....
.....
- 04. Occupation:
- 05. Agreement:
I hereby agree to abide by the decision
Taken by the head of the Institute in
even a any damage done to the institute
By

.....
Signature of Father/Mother/
Guardian.

Date:



Part time Course

- 01. Occupation of the applicant
.....
- 02. Date of appointment
.....
- 03. Permanent / Temporary
.....
- 04. Name of the employer
.....
- 05. Address of the employer
.....
.....
- 06. Certificate of the employer
I hereby certify that the particulars
Furnished by
(Applicant name) are correct. He/she
Will be released from duty so that he/she
Will be able to report to the Institute in time
To follow the course.

.....
Signature of the employer

.....
Designation
Official stamp

Date:.....

For Office Use Only

Registration No.:

Date of Admission:

Course fee :
(Part Time Only)

Receipt No. :

Library Deposit:

Receipt No. :

ID fees:

