

## APPLICATION FOR ADMISSION

### MSc Degree / Postgraduate Diploma Programme- 2021 January Intake

**Application Processing Fees :**  
 Bank receipt for Rs.1000/- paid at the Bank of Ceylon at ..... (branch) \* / Sampath Bank at .....  
 (branch) \* is attached to this application. (\* Strike off which ever inapplicable)  
 The fee should be paid  
 at any branch of the Bank of Ceylon in favour of Sri Lanka Institute of Information Technology to the Current Account  
 No. 0001630552 at Bank of Ceylon OR at any branch of Sampath Bank in favour of Sri Lanka Institute of Information  
 Technology to the Current Account No. 003990000033 at Sampath Bank.

\* Complete all pages in BLOCK CAPITALS

Intended MSc Program :

MSc / PGD in Information Technology	<input type="checkbox"/>	MSc / PGD in Information Technology (Specializing in Cyber Security)	<input type="checkbox"/>
MSc / PGD in Information Systems	<input type="checkbox"/>	MSc / PGD in Information Technology	<input type="checkbox"/>
MSc / PGD in Information Management	<input type="checkbox"/>	(Specializing in Enterprise Applications Development)	<input type="checkbox"/>

01. Name With Initials : \_\_\_\_\_

02. Full Name : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

03. Residence Address : _____ _____  Mobile : <table border="1" style="display: inline-table; width: 100px; height: 15px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> Telephone : <table border="1" style="display: inline-table; width: 100px; height: 15px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> E-Mail : _____																																									04. Name of Office _____ & Address : _____ _____  Telephone : <table border="1" style="display: inline-table; width: 100px; height: 15px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> Fax : <table border="1" style="display: inline-table; width: 100px; height: 15px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> E-Mail : _____																																								

05. Date of Birth : 

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    06. Gender: M  F     07. NIC NO : 

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08. Academic Qualifications:

Name of Qualification	Year of Award	University/Institute with Country	Main Speciality/Field	Class/GPA

09. Professional Qualifications:

<u>Name of Qualification</u>	<u>Awarding Institute</u>	<u>Date of Award</u>	<u>Specialization(if any)</u>

10. Employment History (please give details of employment and/or professional experience (from the latest)

<u>From (MM/YY)</u>	<u>To (MM/YY)</u>	<u>Position Held</u>	<u>Name, Address &amp; Contact Details</u>

11. Your Expectation fom following this programme (please use this space to give a breif outline) :

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12. Course Fee:

Who will be responsible for the payment of course Fee ?

My Self

Other

If other than you only, please fill following information

Address : \_\_\_\_\_  
 \_\_\_\_\_

Telephone : 

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Mobile : 

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Fax : 

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E-Mail : \_\_\_\_\_

13. Referees 01 :

Name : \_\_\_\_\_

Position: \_\_\_\_\_

Address : \_\_\_\_\_  
\_\_\_\_\_

Telephone : 


Mobile: 


Fax : 


E-Mail : \_\_\_\_\_

Referees 02 :

Name : \_\_\_\_\_

Position: \_\_\_\_\_

Address : \_\_\_\_\_  
\_\_\_\_\_

Telephone : 


Mobile: 


Fax : 


E-Mail : \_\_\_\_\_

14. How you got to know about the Programme :

TV

Radio

Hording

News Paper

Web Site

Facebook

SMS

E-Mail

Exhibition

Brouchues

Friend

SLIIT

Guide Book

Call

Other \_\_\_\_\_  
\_\_\_\_\_

15. Please Check that your application is complete and that you have enclosed all the relevent document :

Copies of Birth Certificate

Copies of all Educational Certificates

Copies of Professionial Memberships

Latest Curriculum Vitae

One Passport Size Photograph

National ID Card Copy

16. Declaration:

I Certify that the Information provided above is correct,

.....  
Signature

.....  
Date

When completed please send this application and documents to following address

**MSc/PGD Programme Coordinator,**  
**Sri Lanka Institute of Information Technology (SLIIT),**  
**Level 16, BOC Merchant Tower,**  
**No: 28, St. Michael's Rd,**  
**Colombo 03,**  
**Sri Lanka.**