

APPLICATION FOR ADMISSION

MSc Degree / Postgraduate Diploma Programme- 2022 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 : _____

04. Name of Office & Address : _____

Mobile :

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Telephone :

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Telephone :

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Fax :

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E-Mail : _____

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 experince (from the latest)

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

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

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 : _____

