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APPLICATION FOR ADMISSION -MBA

| APPLICATION PROCESSING FEES: | | | | | | | |
|---|-----------------------------|---|--|--|--|--|--|
| Bank receipt for Rs.1000/- paid at the Bank of Ceylon / Sampath Bank at(Branch) * is attached to this application. (* Strike off which ever inapplicable) | | | | | | | |
| The fee should be paid at any branch of the <u>Bank of Ceylon</u> in favor of <u>Sri Lanka Institute of Information</u> <u>Technology</u> to the <u>Current Account No. 0001630552</u> at Bank of Ceylon OR at any branch of Sampath Bank in favor of Sri Lanka Institute of Information Technology to the <u>Current Account No. 003990000033</u> at Sampath Bank. | | | | | | | |
| 01 Name with Initials: | | | | | | | |
| 02 Full Name : | | | | | | | |
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| | | | | | | | |
| 03. Residence Address : 04. Name of Office & Address : | | | | | | | |
| Mobile : | | Mobile : | | | | | |
| Telephone : | | Telephone: | | | | | |
| Email : | | Email: | | | | | |
| 05. Date of Birth : 06. Gender : 07 . NIC No : | | | | | | | |
| D D M M Y Y | M F | | | | | | |
| 08. Academic Qualifications : | | | | | | | |
| Name of Qualification | Year of Award University/In | stitute with Country Main Specialty/Field Class/GPA | | | | | |
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| 09. Professional Qual | 09. Professional Qualifications : | | | | | |
|---|-----------------------------------|--------------------|---------------|-------------------------|--|--|
| Name of Qualification | tion | Awarding Institute | Date of Award | Specialization (if any) | | |
| | | | | | | |
| 10 Employment History (please give details of employment and/or professional experience - from the latest): | | | | | | |
| From (MM/YY) | To (MM/YY) | Position Held | Name, Addr | ess & Contact Details | | |
| | | | | | | |
| 11. Your Expectation of following this programme (please use this space to give a brief 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: | | | | | | |
| Mobile : Telephone : | | | | | | |
| Fax : Email : | | | | | | |

| 13. Referees 01 Name : Position : Address : Telephone Mobile : | Referees 02 : Name : Position : Address : Telephone Mobile : | | | | |
|--|--|--|--|--|--|
| Fax: | Fax: | | | | |
| Email: | Email: | | | | |
| 14. How you got to know about the Programme TV SMS Radio E-Mail Hoarding Exhibition News Paper Brochure Web Friend Facebook SLIIT Student Guide Call | | | | | |
| 15. Please ensure that all the fields of your application is filled and relevant documents enclosed Copies of Degree or Professional qualification certificates | | | | | |
| 1000/- payment slip (Documentation fee) | | | | | |
| 16 . Declaration I certify that the Information provided above is correct, | | | | | |
| Signature | Date | | | | |

When completed please send this application and documents to following address,

MBA PROGRAMME COORDINATOR,

Sri Lanka Institute of Information Technology (SLIIT), New Kandy Road, Malabe. **Sri Lanka.**