



APPLICATION FOR ADMISSION

MSc Degree / Postgraduate Diploma Programme-2019 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 MSc / PGD in Information Technology (Specializing in Cyber Security)
- MSc / PGD in Information Systems MSc / PGD in Information Technology
- MSc / PGD in Information Management (Specializing in Enterprise Applications Development)

01. Name With Initials :

02. Full Name :

03. Residence Address : 04. Name of Office & Address :

Mobile :

Telephone :

Telephone :

Fax :

E-Mail :

E-Mail :

05. Date of Birth : 06. Gender : M F 07. NIC NO :

08. Academic Qualifications:

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

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 & 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 : -----

13. Referees 01 :

Name :

Position:

Address :

Telephone :

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Mobile:

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Fax :

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E-Mail :

Referees 02 :

Name :

Position:

Address :

Telephone :

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Mobile:

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Fax :

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E-Mail :

14. How you got to know about the Programme :

- | | | | | | |
|------------|--------------------------|------------|--------------------------|-------|--------------------------|
| TV | <input type="checkbox"/> | SMS | <input type="checkbox"/> | Call | <input type="checkbox"/> |
| Radio | <input type="checkbox"/> | E-Mail | <input type="checkbox"/> | | |
| Hording | <input type="checkbox"/> | Exhibition | <input type="checkbox"/> | Other | |
| News Paper | <input type="checkbox"/> | Brouchues | <input type="checkbox"/> | | |
| Web Site | <input type="checkbox"/> | Friend | <input type="checkbox"/> | | |
| Facebook | <input type="checkbox"/> | SLIIT | <input type="checkbox"/> | | |
| | | Guide Book | <input type="checkbox"/> | | |

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 | <input type="checkbox"/> |
| Copies of Professoinal Memberships | <input type="checkbox"/> |
| Latest Curriculum Vitae | <input type="checkbox"/> |
| One Passport Size Photograph | <input type="checkbox"/> |
| National ID Card Copy | <input type="checkbox"/> |

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.