

Head of Section

KIEC Vocational Training Institute 121, Church Street, Colombo, Sri Lanka Tele: 077 1839 929 | Email: kiec@sltnet.lk

APPLICATION FOR ADMISSION

| Full Name: | |
|---|---------------------------------|
| Name with Initials: | |
| Address: | |
| NIC No.: | |
| Telephone - Home: | Mobile: |
| Email: | |
| School: | |
| Last grade passed a | t school: G.C.E O/L G.C.E A/L |
| | Other: Year: |
| Name of Parent / Gu | ardian: |
| Occupation: | |
| Course Intended to I | Follow: |
| f a student of Ahadiyya / Daham Schools: Yes No | |
| Details of Ahadiyya / Daham Schools attending: | |
| I certify that the above information provided are correct to the best of my knowledge & agree to abide with the rules & regulations of the institute. I also confirm that I would follow and abide to any rules and regulations imposed by the institute | |
| Date: | Signature: |
| FOR OFFICE USE ONLY | |
| Receipt No.: Date: Date Interviewed: | |
| Course Offered: Student ID: | |
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Director