



JAYASEKARA MANAGEMENT CENTER

Skill Development Courses

APPLICATION FORM

- 1.NAME IN FULL:-.....
- 2.ADDRESS:-.....
- 3.E-MAIL:-.....
- 4.CONTACT NO.:-.....
- 5.N.I.C. NO.:-.....
- 6. THE FACULTY/COURSE.....
- 7.MEDIUM:-.....
- 8.CLASS TIME (WEEKDAYS, WEEKEND).....
- 9.SCHOOL:-.....
- 10. ACADEMIC QUALIFICATIONS.

➤ GRADUATE/UNDERGRADUATE

- UNIVERSITY:-.....
- COURSE:-.....

➤ ADVANCED LEVEL

SUBJECT	GRADE

➤ ORDINARY LEVEL

SUBJECT	GRADE	SUBJECT	GRADE

11. POFFESIONAL QUALIFICATIONS

1.	2.	3.
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I do here by certify that the above particulars furnished by me are true and correct according to the best of my knowledge.



JAYASEKARA MANAGEMENT CENTER

Signature:-.....

Date:-.....