DEPARTMENT OF MECHANICAL ENGINEERING
UNIVERSITY OF MORATUWA
SRI LANKA

APPLICATION FORM

COURSE CODE	WS-TPTCMP-01
COURSE TITLE	INTRODUCTORY TRAINING PROGRAMME ON MACHINING PROCESSES

Forward your duly completed application with copies of professional / technical certificates to

WORKSHOP ENGINEER
DEPARTMENT OF MECHANICAL ENGINEERING
UNIVERSITY OF MORATUWA,
KATUBEDDA 10400.
OR
EMAIL TO: **lalithad@uom.lk**

Please note that incomplete applications and delayed applications will NOT be processed.

For official use only

Registration No		Course Fee (Rs.)	
Remarks			

SECTION A - PERSONAL INFORMATION
Please use BLOCK CAPITAL LETTERS

NAME IN FULL	
SURNAME	
INITIALS	

PLEASE ATTACH A COPY OF YOUR NIC/PASSPORT

TITLE	Prof.	Dr.	Mr.	Ms.		MALE	FEMALE
DATE OF BIRTH	D D - M M - Y Y Y Y						
NIC/PASSPORT NO							

SECTION B - CONTACT INFORMATION

PERSONAL

ADDRESS	
CITY	
TELEPHONE	MOBILE
Email	

OFFICIAL

ADDRESS	
CITY	
TELEPHONE	MOBILE
Email	

SECTION C - EDUCATIONAL QUALIFICATIONS (Please attach copies of your educational / technical certificates)

G.C.E. ORDINARY LEVEL		G.C.E. ADVANCE LEVEL	
SUBJECTS	GRADE	SUBJECTS	GRADE
		DEGREE / DIPLOMA / OTHER COURSES	

SECTION D - PROFESSION AND OTHER QUALIFICATIONS

PROFESSION / DESIGNATION	
PROFESSIONAL / TECHNICAL QUALIFICATIONS	

I hereby declare that the information given above is true and accurate to the best of my knowledge.

Date | D | D | - | M | M | - | Y | Y | Y | Y | Applicant's Signature _____