



CINEC CAMPUS
 Faculty of Commercial Sciences
 (Winner of National Quality Award - 1999 & 2004)

Passport
 Size
 Photograph

APPLICATION FORM FOR STUDENT REGISTRATION

(QMS – AFSR)

USE **BLOCK CAPITAL LETTERS** TO FILL THE REGISTRATION FORM WITH ACCURATE DETAILS

Student Identification No (Given by CINEC)

Name : Mr/Ms/Mrs (As written on NIC/PP)	<input type="text"/>
NIC No:	<input type="text"/>
Date of Birth:	<input type="text"/> <small>d d / m m / y y y y</small>
Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/> Country
Tel No:	<input type="text"/> Mobile No
E-Mail:	<input type="text"/>
Fax:	<input type="text"/>
Course Required	<input type="text"/>

Company (If Employed) :

Position :

Address :

Tel / Email :

I agree to abide by the rules and regulations and the relevant **Customer Communiqué** between CINEC Maritime Campus and myself, which has been read and understood by me. I declare to the best of my knowledge that I am in good health and I do not suffer from any disabilities that would in any way affect my participation in the course.
 I shall not hold CINEC Maritime Campus liable for incidents, accidents or injuries that may occur during the course of my training. However an Incident- Accident-Report, may be raised should that be necessary.

.....
Date
Signature

OFFICE USE ONLY

Trainability & Suitability of the applicant :

Course Code	Batch	Date	Pre qualifications (Cert no:/Dates)	Registration No:	Remarks

Checked by:

HOD's Signature:.....

Date:.....

Date:.....