



**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)

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