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| For Office use |
| |  | | --- | |  | |  | |  | |  |   Checklist   1. Duly filled Application Form 2. Copies of the Degree/Professional Membership 3. Copy of the ID/Passport 4. Bank Slip for the Payment |



**University of Vocational Technology**

# Staff Development Centre

# Application for Admission to Certificate Course in Teaching Quantity Surveying

# Intake 1 – 2022

**Note:**.

* Decisions taken by the Academic Council of the University on student recruitment and the conduct of the course shall be final.

1. **Name**

**Name with initials** (in block capitals)

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**Full Name** (in block capitals)

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1. **Address**

**Permanent Address:**

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**Correspondence Address:**

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**District:**

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1. **National Identity Card Number :**

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1. **Contact No: Fixed**

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**Mobile**

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1. **E-mail:**
2. **Ethnicity:** **Sinhala Tamil Muslim**

**Other (please specify)......................................................**

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| **D** | **D** | **M** | **M** | **Y** | **Y** | **Y** | **Y** |

1. **Date of Birth:**

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1. **Age as at closing date of application : Years Months**

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1. **Gender: Male Female**

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1. **Civil status: Married Single**

### Educational Qualifications

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| --- | --- | --- |
| Qualification earned | Institution obtained | Year declared |
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1. **Professional Memberships**

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1. **Working Experience**

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| **#** | **Place of Work & Address** | **Designation** | **From** | **To** | **Duration** | |
| **Years** | **Months** |
| **1** |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |

1. **Teaching experience (if any)**

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| --- | --- | --- | --- | --- | --- | --- |
| **#** | **Institution** | **Designation** | **From** | **To** | **Duration** | |
| **Years** | **Months** |
| **1** |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |

1. **Any other achievements**

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1. **If presently employed**
2. Name of the organization
3. Place of work
4. Designation
5. Official address
6. Official Telephone No:

I hereby certify that the particulars submitted by me in the application are true and accurate according to my knowledge.

I am ready to accept any consequence occurs, upon revelation that the information provided by me in this application is untrue and inaccurate.

Signature : ………………………………….. Date : …………………………………..

**The applicants who are presently employed should forward the application through their respective Head of the Institution (Employer).**

Recommended and forwarded the application.

Name, Signature and Seal of the Head of Institution

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Date: ………………………………………