			v <b>of Skill</b> nka Kore ation of St	ea Na	tional <b>K-T</b>	Voo EC	cation	al T	[rain]	ing Iı	nstitu		ıg			
Student Personal Information						Full Time				Week End		Evening		ning		
Name with Initials	:									I						
Full Name in Capi	tal Letters	:														
Date of Birth	D	M	Y			ont	he Dat									
						stration			Year			Month		Days		
								1	Marital Status		Single		Married			
National ID NO.			Sex			F		M								
Permanent Address										I				I		
Contact Numbers	e:	Mobile:					E-Mail:									
Residential District																
Course Informati	on															
Name of the Prefer Course	rred 1. 2. 3.															
Entry Level Qualification NVQ Stream								G.C.E. (A/L) Stream								
Education Details	6															
Name of the schoo attended	ol last															

Highest Examination passed		Year 1	Year 10		G.C.E. (O/L)		G.C.E. (A/I			Other				
G.C.E. (O/L)						G.C.E. (A/L)								
Index No.		Year		1	ndex No				Year					
subject	Result	Result subject R		Resu	lt	subject		Result	subject		Result			
1		5			1				5					
2		6			2				6					
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Student wit	h NVQ Lev	el 4 Qua	lification	_I	I					L	I			
Occupational Name of the Qualification/ Course Name										Qualification Code				
Effective da	te of Qualific	cation									L			
Mode of Assessment RPL					Yes/No		Accredited Course		Yes	Yes/No				
If Accredited Course, Name of the Training Centre														

I, do hereby certify that the information furnished above is true and correct and conform to the entry qualifications indicated in the advertisement and that I have not registered for any full time Degree or Diploma in a University or any other Government Academic Institutions in Sri Lanka.

Signature of applicant

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Date

Please paste the Bank slip here

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