



# College of Chemical Sciences Institute of Chemistry Ceylon



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(Founded 1941, Incorporated by Act of Parliament No. 15 of 1972)

## APPLICATION TO FOLLOW GRADUATESHIP PROGRAMME IN CHEMISTRY

1. Last Name (Surname) (Block Capitals) Mr./Mrs./Miss .....  
Last Name with Initials .....  
*(initials)* *(last name)*
2. Other Names in full (Block Capitals) .....
3. Permanent Address .....
4. Official (employment) Address (**including designation**) .....
5. Address to which correspondence should be sent: Permanent / Official
6. Land Tel. No: ..... Mobile Phone No..... E-mail: .....
7. Date of Birth: ..... Age (in years) on 01.01.2019 .....
8. NIC No: .....
9. Qualifying Examinations passed & Educational qualifications obtained

9.1 G C E (Advanced Level) Results: (You **MUST** include results of **ALL** years)

School Attended for A/L: .....

District in which school is situated: .....

Science Subjects only	1 <sup>st</sup> Attempt (Year .....)	2 <sup>nd</sup> Attempt (Year .....)	3 <sup>rd</sup> Attempt (Year .....)

(Do **NOT** include General English **and** compulsory paper in above)

9.2 Any other **alternate** (equivalent) qualifications **OR** any other **higher educational** qualifications

10. Do you wish to follow Level 1 classes at weekend or weekdays?

Weekdays (3 days)

Weekend

11. EMPLOYMENT RECORD (Please include **every** job, whether scientific or otherwise, in chronological order)

Institution	Appointment held	Dates

12. Candidates who do **not** possess the advertised minimum qualifications but wish to be considered on equivalent qualifications and / or experience should indicate clearly the duties and responsibilities in each employment and other reasons in support **on an attached sheet**.

13. If you have ever followed Graduateship Courses or applied to sit the Graduateship Examination earlier state  
Registration No. .... last active year .....

**I agree that I would abide by the rules & regulations of the Institute of Chemistry Ceylon/College of Chemical Sciences and that I would not request for refund any fees paid other than the Refundable Deposit under any circumstances.**

මා විසින්, ශ්‍රී ලංකා රසායන විද්‍යා ආයතනයේ / රසායන විද්‍යා විද්‍යාලයේ නීති රීති වලට ද, මා විසින් ගෙවනු ලැබූ ආපසු ගෙවනු ලබන තැන්පත් මුදල හැර වෙනත් කිසියම් ගාස්තුවක් මොනම අවස්ථාවකදී වත් ආපසු ගෙවන මෙන් ඉල්ලා සිටිනු ලබන්නේ නැති බවට ද එකඟ වෙමි.

இலங்கை இரசாயனவியல் நிறுவனத்தினதும் / இலங்கை இரசாயனவியல் கல்லூரியினதும் விதிமுறை மற்றும் ஒழுங்குகளிற்கு அமைய கட்டுப்பட்டு நடக்கவும் எந்தவொரு சந்தர்ப்பத்திலும் மீளப்பெறக்கூடிய வைப்புக்களைத் தவிர்ந்த ஏனைய கட்டணங்களை மீளத் தருமாறு கோரமாட்டேன் எனவும் இத்தால் நல்லுணர்வோடு ஒப்புதல் அளிக்கின்றேன்.

I declare that the particulars given on this form are true and correct, and note that I will be disqualified if any incorrect information has been given.

**I declare that I have read and understood the contents of this form before placing my signature below.**

Date .....  
Signature of Applicant Signature of Parent / Guardian

This form should be filled clearly, preferably on a word processor / type writer and forwarded to the **Registrar, Institute of Chemistry Ceylon, Adamantane House, 341/22, Kotte Road, Welikada, Rajagiriya**. It must be accompanied by a Bank of Ceylon receipted voucher in support of payment of the prescribed Registration fee. Applications sent on photocopies of this form will also be accepted. Original certificates of qualifying examinations and photocopies should **not** be attached but should be presented at the interview.

Refunds should **NOT** be requested by students who do **NOT** attend the interviews since refund of fees once paid will not be made under any circumstances unless the application is rejected by the Institute.

**For Office Use Only: Early Bird / Normal**

**Weekday / Weekend**

Registration	Rs.
Date	
Receipt No.	

Tuition fee	Rs.
Date	
Receipt No.	

Refundable Deposit	Rs.
Date	
Receipt No.	