

DLTC Registration No:



COLLEGE OF CHEMICAL SCIENCES

INSTITUTE OF CHEMISTRY CEYLON

Adamantane House, 341/22, Kotte Road, Welikada, Rajagiriya

Tel: 2861231/2861653/4015230, Fax: 2861231

E-mail: ichemc@sltnet.lk



APPLICATION TO FOLLOW DIPLOMA IN LABORATORY TECHNOLOGY PROGRAMME IN CHEMISTRY

1. Full Name (Block Capitals) Mr./Mrs./Miss

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Name with Initials

(initials)

(last name)

2. Permanent Address

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3. Official (employment) Address (**including designation**).....

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4. Address to which correspondence should be sent: Permanent / Official

5. Land Tel. No: Mobile Phone No: E-mail:

6. Date of Birth: Age (in years) on 01.01.2017 :

7. NIC No:

8. Educational Qualifications:

(a) GCE O/L

Subject	Year	Grade	Subject	Year	Grade

(b) GCE A/L

Subject	Year	Grade	Subject	Year	Grade

(c) Any other **alternate** (equivalent) qualifications

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9. Do you wish to follow first year classes at weekends or two weekdays?

Weekday

Weekend

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

Institution	Appointment held	Dates

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** accompanied by a Bank of Ceylon receipted voucher in support of payment of the prescribed Registration fee.

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 will not request any refund of fees paid other than refundable deposit.

Date:

.....

Signature of Applicant

**For Office Use Only: Advanced / Early Bird / Normal / Late / Belated
Weekday / Weekend**

Registration	Rs.
Date	
Receipt No.	

Refundable Deposit	Rs.
Date	
Receipt No.	

Tuition fee	Rs.
Date	
Receipt No.	