



NATIONAL CO-OPERATIVE COUNCIL OF SRI LANKA

NO.455, GALLE ROAD, COLOMBO 03

TEL: 0112585496 FAX: 0112584638 E-MAIL: nccsec@sltnet.lk WEB : www.slccc.lk

FOR OFFICE
USE

STUDENT REGISTRATION FORM

NAME OF THE COURSE

COURSE CODE DURATION

PREFERED CENTER COLOMBO GALLE KAHAGOLLA KURUNEGALA

NAME IN FULL

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(IN CAPITAL BLOCK LETTERS)

NIC NO

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 DATE OF BIRTH

D	D	M	M	Y	Y	Y	Y
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CIVIL STATUS GENDER AGE

PERSONAL ADDRESS

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CONTACT NUMBER/S

MOBI							
LAND							

 e-MAIL ADDRESS

WORK PLACE & ADDRESS

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DESIGNATION

OFFICE CONTACT NUMBER/S

MOBI							
LAND							

 OFFICE e-MAIL ADDRESS

HAVE YOU FOLLOW ANY COMPUTER COURSE BEFORE ? YES NO

ARE YOU USING COMPUTERS IN YOUR OFFICE WORK ? YES NO RARELY

I DO CONFIRM THE ABOVE DETAIL GIVEN BY ME, ARE TRUE AND CORRECT IN BEST OF MY KNOWLEDGE.

SIGNATURE OF APPLICANT _____ DATE

D	D	M	M	Y	Y	Y	Y
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WE HEREBY NOMINATE MR/MRS/MISS
, OUR EMPLOYEE, BEARING NIC NO
 , AS A STUDENT, TO FOLLOW THE COMPUTER COURSE OF
 (COURSE CODE :-.....), CONDUCT BY NATIONAL CO-OPERATIVE COUNCIL OF SRI LANKA.

GENERAL MANAGER
OFFICIAL SEAL
CHAIRMAN

*** (If necessary, use photo copies of this application) ***