



BANDARANAIKE CENTRE FOR INTERNATIONAL STUDIES

Academic Programmes

Academic Year

For office use: Student Registration No.

APPLICATION FOR ENROLLMENT

(Please use block capitals)

[Colour
photo]

Programmes applied for:

<input type="checkbox"/>	Post-Graduate Diploma in International Relations
<input type="checkbox"/>	Higher Diploma in International Relations
<input type="checkbox"/>	Diploma in International Relations
<input type="checkbox"/>	Certificate Course International Studies
<input type="checkbox"/>	Diploma Course in Human Rights

The medium in which you wish to attend lectures (applicable to the last two programmes):

☐

English

☐

Sinhala

Please tick-mark your choice. See Admission Criteria for instructions on the Medium of Instruction.

1. Full Name: (underline surname)

Rev./Dr./Mr./Mrs./Miss.....

.....

2. Nationality:

3. National Identity Card No:

4. Date of Birth:

5. Permanent Address:

.....

.....

Tel.: Land line: Mobile:

Fax: e-mail:

6. Mailing Address (if different from [5]): *(Please specify this address clearly and accurately as all correspondences pertaining to the programme will be directed to this)*

.....

.....

Tel.: Land line: Mobile:

Fax: e-mail:

7. Employment Details: *(state the present or most recent employment)*

Place of work, full address and the contact phone number	Period worked		Designation
	From (D/M/Y)	To (D/M/Y)	

8. Educational Qualifications:

- 8.1 G.C.E. (O/L) *(give details)*

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- 8.2 G.C.E. (A/L)

<u>Subject</u>	<u>Grade</u>
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Z-Score *(compulsory)*:

- 8.3 Higher Education:

Name of the Institution	State whether Degree, Diploma or Certificate course and the subject/s offered

9. Have you followed any academic programme conducted by the BCIS? If so, indicate briefly;

.....

.....
Date

.....
Signature of Applicant

-----*For office use only*-----

Bank of Ceylon Branch / Voucher No. / Date

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Date

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Programme Officer



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