



**Advanced Digital Multimedia Technology Centre
(University of Colombo School of Computing)**



Name of the Training Course:
.....

Full Name of the Applicant :.....

(In Block Letters)

Permanent Address :.....

Phone No: :Home:..... Mobile:.....

Email Address :.....

Organization & Address:.....

Designation :.....

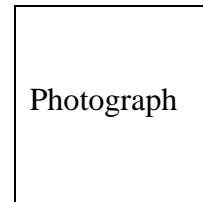
Contact No: Tele:..... Fax:.....

Job Description :.....

NIC No: :.....

Date :.....

Signature :.....



For Office use only

Course Fee: :Rs.....

Payment 01:

Amount Received:	Check No:
Date Received:	Bank/Branch:
Receipt No:	Sponsored by:

Payment 02:

Amount Received:	Check No:
Date Received:	Bank/Branch:
Receipt No:	Sponsored by:

Performance:

No. of dates/hours held:	No. of dates/hours attended:
Attendance checked by:	Certificate Recommended by:

Certificate:

Date Prepared:	Prepared by:
Date Checked:	Checked by:
Date Signed:	Signed by:
Date Issued:	Issued by: