

Application No:	
2023/	

FACULTY OF MANAGEMENT & FINANCE UNIVERSITY OF COLOMBO

Application for Diploma in Computer-based Accounting and Information Systems Program (DCAIS)

Instructions to Applicants:

1. PERSONAL

b.

c.

- All sections in this application must be completed fully and accurately. Incomplete applications and / or curriculum vitae in lieu of application will not be accepted.
- Use extra papers, if necessary, to furnish additional information. Please attach copies of educational / professional certificates and service certificates obtained from employers for adequate proof of experience.

a. Name in Full: Rev./ Mr./ Ms.

(<u>Use Block Le</u>	<u>etters</u>) .		
Name with I			
Contact Det			
		Residence	Office
Address			
Telephone	Land line		
Telephone	Mobile		
E-mail			

e. Date of Birth: Da	y	Month			Year		Age:
. Gender: Ma	ıle	Female					
Academic Qualific	ations (Attack	n photocop	ies of rele	evant o	certificates ₎)	
Qualification		ool/ itute	Period		Subject/ ialization	Grade Result	
Degree (specify)							
Diploma/ Other (speci	fy)						
GCE A/L							
CE O/L							
Professional Quali	fication (Attac	Field o	pies of ref f study/ ining	elevan	t certificate Qualificat obtained	ion	Year of Completion
	· 	Field o	f study/	elevan	Qualificat	ion	
Institution Work Experience (Period (Attach photoc	Field o	f study/ ining		Qualificat obtained	ion d	
Institution	Period (Attach photoc	Field of Trai	f study/ ining	of	Qualificat obtained	ion d	
Work Experience (Period (Attach photoc	Field of Trai	f study/ ining ervice cerevice No.	of	Qualificat obtained	ion d	Completion

		English (Grading for O/L & A/L and any other qualification for English)
	<i>b</i> .	IT Skills (Any qualification or working experience for IT)
6.	Br	iefly describe the nature and responsibilities of your current position:
-	T	1*
7.	ru a.	nding Mode of financing your DCAIS program:
	а.	Private Sponsored Sponsored
	b.	If sponsored, by whom?
	wis	asons for Applying for DCAIS: (Enumerate briefly and as possible, your reasons for shing to enroll in this diploma program at the Department of Accounting, Faculty of unagement & Finance, University of Colombo)
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cert and	ify ar	that the above particulars given by me are true and accurate to the best of my knowledge an aware that misrepresentation in the application will cause rejection of application or any of acceptance for admission and that an incomplete application will be rejected.
Dat	æ: .	Signature of Applicant:

Duly complete application form to be returned to the following address or email to dcaisdacc@gmail.com with scanned copies of relevant certificates and documents:

Coordinator/ DCAIS
Department of Accounting
Faculty of Management & Finance
University of Colombo
Colombo 03.

Tel: +94-112- 552362/ +94 715543881

Email: dcaisdacc@gmail.com

Web: mgmt.cmb.ac.lk

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Academic Qualifications:	
Professional Qualifications:	
Other Qualifications:	
Work Experience:	
Qualified for the Program ($$) or not (\mathbf{x}):	
Recommendation of the selection committee:	
Remarks:	
Signatures:	
Date:	