



University of Kelaniya
Department of Accountancy
Application for Short Term Courses



Course Applying

- Computer Applications for Accounting
 Business Accounting with ACCPAC

Title: Mr. Mrs. Miss Rev.

Name in Full :

Name with Initials :

Address :

Telephone Numbers (If any):

Home:

Mobile:

Email Address (If any):

Gender: Male Female Date of Birth:

National Identity Card Number:

Results of GCE(A/L) Examination:

Year:

Index Number:

Subject

Grade

1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____

Indicate the results you obtained for English language at the GCE(O/L) Examination

Year :

Grade:

Details of Occupation (If Applicable)	
Name of the Institution:	
Date of Appointment:	Designation:

<i>To be filled by the Head of the Department/Institution</i>	
Name:	
Address:	Signature & Official Stamp:
Telephone:	Date:

Preferred time for the course
Computer Applications for Accounting <input type="checkbox"/> Sunday 1.00 PM - 4.00 PM <input type="checkbox"/> Thursday 5.00 PM - 8.00 PM
Business Accounting with ACCPAC <input type="checkbox"/> Sunday 9.00 AM - 12.00 Noon <input type="checkbox"/> Friday 5.00 PM - 8.00 PM
<i>Note : The weekday evening class will be available only if the required number of applications recived for that time.</i>

Declaration:	
<i>I declare that the particulars furnished by me in this application are true and accurate to the best of my knowledge and I am aware that the University of Kelaniya reserves the rights to alter of withdraw any offer made if the information are found to be false or inaccurate.</i>	
Date:	Signature of the Applicant:

Instructions:

- ☛ Duly filled application should be sent by registered post to "Head, Accounting Professional Secretariat, Department of Accountancy, University of Kelaniya, Kelaniya - 11600." Mention the course you are applying in the top left hand corner of the envelope.
- ☛ If you are applying for both courses, separate application should be filled for each course.