

FOR OFFICE USE
REGISTRATION NO.



SRI LANKA INSTITUTE OF TEXTILE & APPAREL
COURSE APPLICATION FORM



IF NOMINATED BY COMPANY :

COURSE NAME	COURSE CODE
.....
.....
.....
.....
.....
.....

Company Name.....
.....

Address.....
.....
.....

Tel No..... Fax No.....

Name of Applicant : Mr./Mrs./Miss.....

National Identity Card No:.....

Age :..... Date of Birth : Year :..... Month :..... Date :.....

Permanent Address:
..... Tel No :.....

District :.....

Postal Address :.....
..... Tel No:.....

If you are employed :

Job Designation :.....

Address of Company :.....
.....

Telephone No :..... Fax No :.....

P.T.O.....

EDUCATIONAL QUALIFICATIONS :

YEAR	EXAMINATION	SUBJECT	GRADE	YEAR	EXAMINATION	SUBJECT	GRADE

PREVIOUS EXPERIENCE :

DURATION	COMPANY	DESIGNATION

Date :.....

Signature of Applicant :.....

2% NBT Tax will be added to all the above course fees.

To be posted to:

Director
Sri Lanka Institute of Textile & Apparel
Kandawela Estate No 2
Gen. Sir John Kotalawela Road
Ratmalana.

Tel : 011-2636917, 2632406

Fax : 011-2636916, 2636337
011-2622897

Email : train@textile-clothing.lk

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