



Photograph

## IDENTITY COLLEGE OF HIGHER EDUCATION

419, Havelock Road, Colombo 6. Hot line : 011 4779999

### APPLICATION FORM

#### Personal Details

Title : ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Name in Full :

Name with Initials :

Permanent Address :

Contact Number : Mobile :  Residence :

Email Id :

NIC number :

Date of Birth :

Marital Status :

#### Emergency Contact Details

Name :

Contact Number :

#### Employer Details

Employer :

Designation :

Office Address :

Office contact number:



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### Educational Qualifications

GCE Ordinary Level Examination

Subject	Grade

Subject	Grade

Subject	Grade

GCE Ordinary Level Examination

Subject	Grade

Subject	Grade

Subject	Grade

University Education

Name of the Degree

### Work Experience

Employer	Designation	Period

Name on Certificate

Applicant's Signature

Date



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### FOR OFFICE USE ONLY

Batch	<input type="text"/>	Student ID	<input type="text"/>
Programme	<input type="checkbox"/> Full time	Part time	<input type="text"/>
Medium of Instruction	<input type="checkbox"/> English	<input type="checkbox"/> Sinhala	Tamil <input type="checkbox"/>
Payment Mode	<input type="checkbox"/> Cash	<input type="checkbox"/> Card	Cheque <input type="checkbox"/>
Registration fee	<input type="text"/>	Course fee	<input type="text"/>
Installment Plan	<input type="checkbox"/> 1st installment	Amount	<input type="text"/>
	<input type="checkbox"/> 2nd installment	Amount	<input type="text"/>
	<input type="checkbox"/> 3rd installment	Amount	<input type="text"/>
Signature	<input type="text"/>	Date	<input type="text"/>