

# STUDENT REGISTRATION FORM



**City Campus / Main Admission Office** : 256, Galle Road, Colombo 06, Sri Lanka | +94 11 236 4458 | [info@bcas.lk](mailto:info@bcas.lk)

**Kandy Campus**

344, Peradeniya Rd, Kandy Sri Lanka  
+94 81 222 4731

**Kalmunai Campus**

392/1, Main St., Kalmunai, Sri Lanka  
+94 67 222 6899

**Jaffna Campus**

16, Point Pedro Rd, Jaffna, Sri Lanka  
+94 21 221 9910

**PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS**

Student No.

Batch No.

Passport  
Size  
Photograph

**1. STUDENT DETAILS**

Full Name (write clearly)					
Family / Last Name :			Given / First Name(s) :		
Gender : Male <input type="checkbox"/> Female <input type="checkbox"/>			Date of Birth : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Permanent Address :			Current Address :		
Contact No.	Residence :		Mobile :		
WhatsApp :			Contact for Emergency :		
E-mail :					
National Identity Card No.			Passport No.		
Parent / Guardian Details		Name			
		Contact No :		E-mail :	
School/s Attended :					

**2. COURSE APPLIED FOR**

Diploma <input type="checkbox"/> HND <input type="checkbox"/> Undergraduate <input type="checkbox"/> Postgraduate <input type="checkbox"/> Other (Specify) <input type="text"/>	
Name of Course (To be filled by the counsellor) :	Preferred Mode <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time

**3. QUALIFICATIONS (GENERAL)**

Name of Exam	Year	Subjects	Grades	Subjects	Grades
<b>GCE OL</b> <input type="checkbox"/> Local <input type="checkbox"/> Tamil <input type="checkbox"/> English <input type="checkbox"/> Sinhala <input type="checkbox"/> Edexcel / Pearson <input type="checkbox"/> Cambridge		1. Maths		6.	
		2. English		7.	
		3. Science		8.	
		4.		9.	
		5.		10.	
<b>GCE AL Stream:</b> <input type="text"/> <input type="checkbox"/> Local <input type="checkbox"/> Tamil <input type="checkbox"/> English <input type="checkbox"/> Sinhala <input type="checkbox"/> Edexcel / Pearson <input type="checkbox"/> Cambridge		1.		English	
		2.		Common General Test	
		3.			
		4.			

#### 4. OTHER QUALIFICATIONS (PROFESSIONAL, etc.)

Name of Exam	Year of Exam	Awarding Body	Overall Grade
Eg: Diploma in Book-keeping	2010	Sri Lanka Technical College	Merit

#### 5. EMPLOYMENT (IF ANY)

Name of Employer(s)	Position	From	To

#### 6. PLEASE INDICATE HOW YOU HEARD OF THE COURSE YOU ARE APPLYING FOR

- ☐ Word of Mouth / Past Student of BCAS   ☐ Newspaper / Magazine Advert   ☐ Prospectus / Leaflets   ☐ TV  
☐ Radio   ☐ BCAS Website / Email   ☐ Facebook / Instagram   ☐ Seminar / Webinar   ☐ Open Events  
☐ Agent (Name) :

#### 7. APPLICANT'S CHECKLIST

- ☐ Passport size colour photo   ☐ Copy of Birth Certificate   ☐ Copy of NIC   ☐ Other Relevant Documents  
☐ Proof of your qualifications (Certified copies with originals. Original will be returned after verification)

#### 8. PERSONAL STATEMENT

(You may fill out these spaces briefly. If you want to be more elaborative, you are free to do so on a separate sheet in not more than 350 words and attach.)

Reasons for selecting the course	
Special Interests	
Career Aspirations	
Any other relevant information (You may also mention here if you have any disability - congenital or otherwise)	

**9. WHO WILL BE PAYING YOUR TUITION FEE?**

Self <input type="checkbox"/> Parents <input type="checkbox"/> Other <input type="checkbox"/> (Specify) <input type="text"/>			
Name:		Mr. / Mrs.	
Address: Residence:			
Official:			
Occupation:			
Contact No:	Residence:	Office:	Mobile:
E-mail:			

**DECLARATION - 1**

I understand that the course I have chosen is provided strictly in accordance with the approval given by the relevant qualification awarding body. My qualification will thus be awarded direct upon my achieving the minimum academic benchmark set by the awarding body. I have been made aware that it is my responsibility to confirm the approval and recognition of the qualification by any other relevant local or international professional bodies. I am further aware that any changes that may occur in the future pertaining to the approval / recognition of the qualification would be beyond the control of BCAS and hence it cannot be held responsible for such changes.

**DECLARATION - 2**

By signaling this form, I confirm that to the best of my knowledge, the information given in this form is correct and accurate. Further, I agree to abide by the rules and regulations of the college. If any information given here is found to be false, I am aware my application will be cancelled / admission will be quashed and I shall have no claim whatsoever from the college. I also understand no refund or batch transfer will be effected after ten days from the start date of the course.

Student's Signature : \_\_\_\_\_

Date : 

D	D	M	M	Y	Y	Y	Y
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**OFFICE USE**

Admission to course : <input type="checkbox"/> Approved <input type="checkbox"/> Rejected		Date Application received : <input type="text"/>	
Student Number :		Check List : Signature on the form <input type="checkbox"/> Proof of Qualifications <input type="checkbox"/>	
Total Course Fee : LKR	Registration Fee : LKR	Course Fee : LKR	
Amount Paid Upfront :		Number of Instalments for the balance to be settled :	
Payment Discount :			

\_\_\_\_\_  
Admission Officer\_\_\_\_\_  
Date

Councillor :	REMARKS	Administrator :