











STUDENT REGISTRATION FORM



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

Kandy Campus

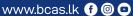
344, Peradeniya Rd, Kandy Sri Lanka +94 81 222 4731

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 **Passport** Size Student No. Batch No. Photograph 1. STUDENT DETAILS Full Name (write clearly) Family / Last Name: Given / First Name(s): Gender : Male Female Date of Birth: D M M Permanent Address: Current Address: Mobile: Contact No. Residence: WhatsApp: Contact for Emergency: E-mail: National Identity Card No. Passport No. Parent / Guardian Details Name E-mail: Contact No: School/s Attended: 2. COURSE APPLIED FOR Diploma HND Postgraduate Other (Specify) Undergraduate Name of Course (To be filled by the counsellor): Preferred Mode Full Time Part Time 3. QUALIFICATIONS (GENERAL) Year Name of Exam **Subjects** Grades **Subjects Grades GCE OL** 1. Maths 6. Local 2. English **チ**. Sinhala Tamil English 3. Science 8. Edexcel / Pearson Cambridge 9.

5.

1.

2.

3.

4.

GCE AL Stream:

Tamil

Edexcel / Pearson

English

Sinhala

Cambridge

Local

10.

English

Common General Test

Name of Exam	Year of Exam	Awarding Body		Overall Grade	
g: Díploma ín Book-keeping	2010	Sri Lanka Technical College		Merít	
5. EMPLOYMENT (IF ANY)					
ame of Employer(s)	Position		From To		
			VO		
S. PLEASE INDICATE HOW YO	U HEARD OF THE C	OURSE YOU ARE APPLYII	NG FOR		
Word of Mouth / Past Student	of BCAS Newspa	aper / Magazine Advert	Prospectus	/ Leaflets	
Radio BCAS Website / I	Email Facebook	k / Instagram Seminar	/ Webinar	Open Ever	
Agent (Name) :					
7. APPLICANT'S CHECKLIST					
7. APPLICANT'S CHECKLIST Passport size colour photo	Copy of Birth Certi	ficate Copy of NIC	Other R	elevant Docume	
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9. WHO WILL BE PAYING YOUR TUITION FEE?								
Self Parents	Other (Spe	ecify)						
Name:	Mr. / Mrs.							
Address: Residence:								
Official:								
Omolai.								
Occupation:								
Contact No:	Residence:		Office:	Mobile:				
E-mail:								
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				
OFFICE USE								
Admission to course :	Approved	Rejected	Date Application receive					
Student Number :			List : Signature on the forr					
Total Course Fee : LKR				Course Fee : LKR				
Amount Paid Upfront :		N	Number of Instalments for t	he balance to be settled :				
Payment Discount :		ı						
		Admission Officer		Date				
Councellor:		REM	ARKS	Administrator :				