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| Application No : |  |

Training Course on Android Mobile Application-2020

**Application Form**

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| --- | --- | --- | --- |
| Full Name |  | | |
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| Name to be appeared in certificate |  | | |
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|  | | |
| Permanent Address |  | | |
|  | | |
|  | | |
| Telephone Number |  | | |
| Email |  | | |
| Date of Birth | Year | Month | Day |
|  |  |  |
| Gender |  | | |
| Educational Qualifications |  | | |
|  | | |
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I certify that the above information provided is true

……………………………

Signature

\*Payment Method : LKR 12,000.00 can be paid at the Finance Division during weekdays from 9.00 am to 3.30 pm or pay to the following bank Account , Bank of Ceylon, Account No **307144** in favour

Of “**Arthur C Clarke Institute For Modern Technologies**” and attach the photocopy of the receipt

For Office use Only

Receipt No:

Receipt Date:

Amount:

Accepted By: Name …………………………… Signature: ………………………………