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| Application No :  |  |

Training Course on Android Mobile Application-2020

 **Application Form**

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| --- | --- |
| Full Name |  |
|  |
| 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: ………………………………