



ARTHUR C CLARKE INSTITUTE FOR MODERN TECHNOLOGIES

Application for Practical Electronic Course

- 1) Name of Course :
- 2) Full Name in Block Letters :
- 3) Permanent Address :
- 4) Telephone Number(office) :
- (Residence) :
- 5) National Identity Card No. :
- 6) Occupation :

Educational Qualifications :

G.C.E. (O/L) Examination

1.		5.	
2.		6.	
3.		7.	
4.		8.	

G.C.E. (A/L) Examination

1.		3.	
2.		4.	

7) Other qualifications
.....
.....
.....

8) Working Experience
.....
.....
.....

.....

Date

.....

Signature of the Applicant

Applications should be accompanied with copies of G.C.E. (O/L) , G.C.E.(A/L) Certificates and Certificates of experience to Course Coordinator of the relevant course.

Office Use

(1) Payment Received.....

(2) Receipt No.....

