



11. Telephone

Mobile

Home

Office

12. Educational qualifications

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

Year.....Month.....Index No.....

Year.....Month.....Index No.....

School.....

School.....

1<sup>st</sup> Attempt Medium.....

2<sup>nd</sup> Attempt Medium.....

Subjects	Grade	Subject No.	Subjects	Grade	Subject No.

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

Year.....Month.....Index No.....

School/Private.....

1<sup>st</sup> Attempt Medium.....

2<sup>nd</sup> Attempt Medium.....

Subjects	Grade	Subject No.	Subjects	Grade	Subject No.

13. Other Qualifications / Examinations based on which registration is sought :

i. Name of Qualification/Examination.....

ii. Name of Institution/ University.....

iii. Course followed and its duration.....

iv. Year & Month of Passing Examination or obtaining Qualifications .....

v. Index No. of Examination/ Certificate No. (If any).....

14. How did you come to know about the ICCS?

i. Press Advertisement

ii. Through a friend

iii. Education Fair

iv. Teachers

15. The following documents are annexed :

i. A Certified photocopy of my Birth Certificate

ii. Two copies of recent photograph (4 ½ x 3½ cm)

iii. Certified photocopies of Educational Certificates

iv. Two self-addressed stamped envelopes

v. Others.....

16. I do hereby certify that the particulars furnished by me in this application are true and correct. In the event of my application for registration being accepted, I shall abide by all regulations governing the students of the Institute. I agree that the Institute has the right to cancel my registration at any time.

Date : .....

.....

Signature of Applicant

ATTESTATION

17. I certify that the above named Candidate who is a Past Pupil/Teacher of my school/Officer in my Office/ Known to me personally placed his/her signature in my presence today.

.....  
Signature of Applicant

.....  
Signature of Attestor

Date : .....

Name, Designation/Status and Address of Attestor : .....

.....

FOR OFFICE USE ONLY

Date Received : ..... Certificates Examined By : ..... Date : .....

Date of Registration : ..... Eligibility of Registration : - Yes  No

Checked by : ..... Registration Approved / Not Approved

Date : .....

.....  
Signature of Officer