

**APPLICATION FORM FOR STUDENT REGISTRATION**

#  THE INSTITUTE OF CHARTERED CORPORATE SECRETARIES OF SRI LANKA

Please paste one Photograph

(4 ½ cm x 3 ½ cm)

 No. 546/6B, Galle Road, Colombo 3.

 Tel: 2301982. E-mail: iccs@sltnet.lk

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| ICCS IDNO |  |  |  |  |  |  |

(Please read Students’ Guide for instructions before you fill this form) PLEASE USE BLOCK CAPITALS.

1. Full Name (as you wish to see it in the Certificate) [Rev. /Mr. /Miss. /Mrs.]

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1. Contact Address

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1. E-Mail Address

Date Month Year

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1. Date of Birth
2. Gender

MALE

FEMALE 6. Civil Status: Single

Married

1. Nationality: Sri Lankan

Other

If other, please specify

1. National Identity Card 9. Passport No.

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1. Present Employment

Name & Address of Employer

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1. Telephone

Mobile Home Office

1. Educational qualifications

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

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

School……………………………………………………………….. School………………………………………………………………….

1st Attempt Medium…………………………………….. 2nd Attempt Medium………………………………………..

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| Subjects | Grade | Subject No. | Subjects | Grade | Subject No. |
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G.C.E. (A/L) Exam

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

School/Private…………………………………………………………………………………….

1st Attempt Medium………………………… 2nd Attempt Medium……………………………………

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| Subjects | Grade | Subject No. | Subjects | Grade | Subject No. |
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1. 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)……………………………………………………………………………

1. How did you come to know about the ICCS? 15. The following documents are annexed :

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* 1. Press Advertisement
	2. Through a friend
	3. Education Fair
	4. Teachers
1. A Certified photocopy of my Birth Certificate
2. Two copies of recent photograph (4 ½ x 3½ cm)

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1. Certified photocopies of Educational Certificates
2. Two self-addressed stamped envelopes

v. Others………………………………………………………………….

1. 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

1. 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 : ……………………………………………………………………………

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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 : …………………………………………………………

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Signature of Officer