 **For office use only**

Application No:

2014/………………………

**FACULTY OF MANAGEMENT & FINANCE**

**UNIVERSITY OF COLOMBO**

**Application for Computerized Accounting and Managing Organizations**

**(CCAMO)**

**Instructions to Applicants**

* All sections in this application must be completed fully and accurately. Incomplete applications and / or curriculum vitae in lieu of application will not be accepted.
* Use extra papers, if necessary, to furnish additional information. Please attach copies of educational / professional certificates and service certificates obtained from employers for adequate proof of experience.

**1.PERSONAL**

1. **Name in Full:** Rev./ Mr./ Ms./………………………………………………………………

(Use Block Letters)…………………………………………………………………………

1. **Name with Initials**: ……………………………………………………………………….. ……………………………………………………………………………………………..
2. **Contact Details:**

|  |  |  |
| --- | --- | --- |
|  | **Residence** | **Office** |
| **Address** |  |  |
| **Telephone**  | **Land line** |  |  |
| **Mobile** |  |  |
| **E – Mail** |  |  |

1. **NIC/Passport No:** …………………………………………………………
2. **Date of Birth :** Day Month Year Age
3. **Sex :** (Please tick ‘🗸’) Male Female
4. **Academic Qualifications***(Attach photocopies of relevant certificates)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Qualification | School / Institute | Period | Main Subject/ Specialization | Grade | Year of Complication |
| O  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. **Professional Qualification***(Attach photocopies of relevant certificates)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Institution | Period | Field of study/ Training | Qualification obtained | Year of Complication  |
|  |  |  |  |  |

1. **Work Experience***(Attach photocopies of service certificates*

|  |  |  |
| --- | --- | --- |
| Organization | Period of Service | Position held |
| From | To | No. of Years |
|  |  |  |  |  |

1. **Briefly describe the nature and responsibilities of your current position:**

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

1. **Career Aspirations**

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….

1. **Funding**
2. **Mode of financing your CCAMO programme**

Private Sponsored

1. **If sponsored by whom?**

…………………………………………………………………………………………………

I am prepared to abide by the rules and regulations of the University of Colombo, Sri Lanka. I certify that the above particulars given by me are true and accurate to the best of my knowledge and am aware that misrepresentation in the application will cause rejection of application or revoking of acceptance for admission and that an incomplete application will be rejected.

Date: ……………………… Signature of Applicant: ……………………………..

Duly complete application from to be returned to:

Coordinator (CCAMO)

Department of Accounting

Faculty of Management & Finance

University of Colombo

Colombo 03.

Tel: +94-112- 552362

Email: ccamo2016uoc@gmail.com

Web: mgmt.cmb.ac.lk

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Academic Qualification

Professional Qualification

Work experience

Other Qualification

Recommendation of the selection

Committee:

Accepted

Rejected

QEC

 Signature:……………………………. Date:……………………………