



**For office use only**

Application No:

2018/.....

## FACULTY OF MANAGEMENT & FINANCE

### UNIVERSITY OF COLOMBO

#### Application for Diploma in Computer-based Accounting and Information Systems Program (DCAIS)

#### 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

a. **Name in Full:** Rev./ Mr./ Ms. ....

(*Use Block Letters*) .....

b. **Name with Initials:** .....

#### c. **Contact Details:**

		Residence	Office
Address			
Telephone	Land line		
	Mobile		
E-mail			

d. NIC/Passport No: .....

e. Date of Birth : Day  Month  Year  Age:

f. Gender : Male  Female

**2. Academic Qualifications** (*Attach photocopies of relevant certificates*)

Qualification	School/ Institute	Period	Main Subject/ Specialization	Grade/ Result	Year of Completion
Degree ( <i>specify</i> )					
Diploma/ Other ( <i>specify</i> )					
GCE A/L					
GCE O/L					

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

Institution	Period	Field of study/ Training	Qualification obtained	Year of Completion

**4. Work Experience** (*Attach photocopies of service certificates*)

Organization	Period of Service			Area of Experience	Position held
	From	To	No. of Years		

**5. Language and IT Proficiency:**

**a. English** (*Grading for O/L & A/L and any other qualification for English*)

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**b. IT Skills** (*Any qualification or working experience for IT*)

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

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**7. Funding**

**a. Mode of financing your CCAMO program:**

Private  Sponsored

**b. If sponsored, by whom?**

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**8. Reasons for Applying for DCAIS:** (*Enumerate briefly and as possible, your reasons for wishing to enroll in this diploma program at the Department of Accounting, Faculty of Management & Finance, University of Colombo*)

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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/ DCAIS  
Department of Accounting  
Faculty of Management & Finance  
University of Colombo  
Colombo 03.

Tel: +94-112- 552362/ +94 76 214 33 99

Email: dcaisuoc@gmail.com

Web: mgmt.cmb.ac.lk

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Academic Qualifications:

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Professional Qualifications:

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Other Qualifications:

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Work Experience:

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Qualified for the Program (√) or not (x):

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Recommendation of the selection committee:

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Remarks:

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Signatures:

Date: