

 **For office use only**

Application No:

2024/………………………

**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**
2. **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. **Gender :** Male Female
4. **Academic Qualifications** *(Attach photocopies of relevant certificates)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Qualification** | **School/ Institute** | **Period** | **Main Subject/ Specialization** | **Grade/ Result** | **Year of Completion** |
| Degree *(specify)* |  |  |  |  |  |
| Diploma/ Other *(specify)* |  |  |  |  |  |
| GCE A/L |  |  |  |  |  |
| GCE O/L |  |  |  |  |  |

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

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

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

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

1. **Language and IT Proficiency:**
	1. **English** *(Grading for O/L & A/L and any other qualification for English)*

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

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

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1. **Funding**
2. **Mode of financing your DCAIS program:**

Private Sponsored

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

……………………………………………………………………………………………

1. **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 form to be returned to the following address or email to** dcais@dac.cmb.ac.lk **with scanned copies of relevant certificates and documents:**

Coordinator/ DCAIS

Department of Accounting

Faculty of Management & Finance

University of Colombo

Colombo 03.

Tel: +94-112- 552362/ +94 785650790/ +94 774385636

Email: dcais@dac.cmb.ac.lk

Web: mgmt.cmb.ac.lk

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Academic Qualifications:

Professional Qualifications:

Other Qualifications:

Work Experience:

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

Recommendation of the selection committee:

Remarks:

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

Signatures:

Date: