



**APPLICATION FOR ADMISSION TO FULL TIME COURSES - 2025**

**( NVQ LEVEL 05 )**

**SRI LANKA GERMAN TRAINING INSTITUTE – KILINNOCHCHI**



|                     |   |    |          |  |  |  |  |  |               |  |  |  |  |  |              |  |  |  |  |  |
|---------------------|---|----|----------|--|--|--|--|--|---------------|--|--|--|--|--|--------------|--|--|--|--|--|
| For office use only | Q | DQ | Index No |  |  |  |  |  | Interview No. |  |  |  |  |  | Training No. |  |  |  |  |  |
|---------------------|---|----|----------|--|--|--|--|--|---------------|--|--|--|--|--|--------------|--|--|--|--|--|

❖ Use Block Capitals.

01. (a) Full Name (English)

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(b) Name with Initials (English)

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02. (a) Postal Address

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(b) District  (c) Divisional Secretariat  (d) Province

(e) E-mail address  (f) Phone Number

|          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Mobile   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| WhatsApp |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

03. (a) Date of Birth

|      |  |  |  |       |  |  |      |  |  |  |  |  |  |
|------|--|--|--|-------|--|--|------|--|--|--|--|--|--|
| Date |  |  |  | Month |  |  | Year |  |  |  |  |  |  |
|------|--|--|--|-------|--|--|------|--|--|--|--|--|--|

(b) NIC Number  (c) Sex Male  Female

04. Educational Qualification (a) (G.C.E.O/L) (First Sitting) (Second Sitting)

| Index Number | Year | Subject                 | Grade |
|--------------|------|-------------------------|-------|
| 01.          |      | Mathematics             |       |
| 02.          |      | Language and Literature |       |
| 03.          |      | English                 |       |
| 04.          |      | Religion                |       |
| 05.          |      | History                 |       |
| 06.          |      | Science                 |       |
| 07.          |      |                         |       |
| 08.          |      |                         |       |
| 09.          |      |                         |       |

| Index Number | Year | Subject                 | Grade |
|--------------|------|-------------------------|-------|
| 01.          |      | Mathematics             |       |
| 02.          |      | Language and Literature |       |
| 03.          |      | English                 |       |
| 04.          |      | Religion                |       |
| 05.          |      | History                 |       |
| 06.          |      | Science                 |       |
| 07.          |      |                         |       |
| 08.          |      |                         |       |
| 09.          |      |                         |       |

Please attach a certified copy of your O/L result with this form

(b) G.C.E. (A/L) Year

Stream of study: Please mark it ( X ) below

|                |                          |             |                          |            |                          |
|----------------|--------------------------|-------------|--------------------------|------------|--------------------------|
| Combined Maths | <input type="checkbox"/> | Bio Science | <input type="checkbox"/> | Technology | <input type="checkbox"/> |
|----------------|--------------------------|-------------|--------------------------|------------|--------------------------|

|         |                      |                      |                      |                      |                      |
|---------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Subject | <input type="text"/> | <input type="text"/> | <input type="text"/> | General Knowledge    | English              |
| Grade   | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Please attach a certified copy of your A/L result with this form

(c) If you have National Vocational Qualification (NVQ) certificate,

NVQ Level Level 4

Specialization

Training centre / Institute

Please attach a certified copy of your NVQ certificate with this form.

05. Please select the specialization you wish to continue.

| Field of Study                         | Specialization                         | Select the Specialization |
|--|--|---------------------------|
| Automotive Technology                  | Automobile Technology                  | <input type="checkbox"/>  |
| Construction Technology                | Construction Technology                | <input type="checkbox"/>  |
| Food Technology                        | Food Technology                        | <input type="checkbox"/>  |
| Mechanical Technology                  | Production Technology                  | <input type="checkbox"/>  |
| Electrical & Electronic Technology     | Mechatronics Technology                | <input type="checkbox"/>  |
| Information & Communication Technology | Information & Communication Technology | <input type="checkbox"/>  |

06. Center at which the candidate wishes to sit the Admission test (\*)

|                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Kilinochchi              | Kandy                    | Colombo                  | Batticaloa               |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

07. Confirmation of Payment

(a) Name of the Depositor: .....

(b) Deposited Account Number: .....

(c) Deposited Name: .....

(d) Deposit Ref No: .....

(e) Please confirm the deposited slip attached herewith

08. I hereby certify that the above particulars furnished by me are true and accurate, if any particulars contained here are found to be false or incorrect, liable for disqualification/dismissal before or after selection.

.....  
Date

.....  
Signature