



APPLICATION - CSA PART I COURSE
ACADEMIC SESSION 2017 - 2018

FOR OVERSEAS APPLICANTS

(A) General Information

1. Full Name of Applicant:

*(In Block Letters, as appearing in
Birth Certificate Underline
Surname)*

2. Permanent Address:

Telephone Number: _____

Mobile Number: _____

Fax Number: _____

E-Mail: _____

Office Address:

(if already Employed)

Telephone Number: _____

Mobile Number: _____

Fax Number: _____

E-Mail: _____

3. Date of Birth: Year: _____ Month: _____ Date: _____

4. Birth certificate Original and English Translation Attached

| | |
|-----|----|
| YES | NO |
|-----|----|

5. Gender: Male

Female

6. Civil Status: Single

Married

7. Blood Group: _____

(B) Education

1. Professional | Academic | Technical Education & Qualifications (If any):

Insert most recent first: (Attach photocopies of Certificates)

| Institution | Degree or Diploma | Year | Cert Attached (Y/N) |
|-------------|-------------------|------|---------------------|
| 1 | | | |
| 2 | | | |

2. Secondary Education

Insert most recent first: (Attach photocopies)

G.C.E. Advanced Level Examination/equivalent certified by the Department of Examination.

Index Number: _____ **Year** _____

| Subjects: | Results: |
|------------------|-----------------|
| 1 _____ | _____ |
| 2 _____ | _____ |
| 3 _____ | _____ |
| 4 _____ | _____ |

G.C.E. Ordinary Level Examination/equivalent certified by the Department of Examination

Index Number: _____ **Year** _____

| Subjects: | Results: |
|------------------|-----------------|
| 1 _____ | _____ |
| 2 _____ | _____ |
| 3 _____ | _____ |
| 4 _____ | _____ |
| 5 _____ | _____ |
| 6 _____ | _____ |
| 7 _____ | _____ |
| 8 _____ | _____ |
| 9 _____ | _____ |
| 10 _____ | _____ |

(C) Professional Experience

(If any) (insert most recent first)

(D) Extra Curricular Interests

(E) Any medical condition you may suffer, which may be detrimental to pursuing a course of studies at the tertiary education level

| | |
|------------|-----------|
| Yes | No |
|------------|-----------|

Certification

I _____
of _____

do hereby apply for admission to the CSA Part I Course – Academic Session 2017 – 2018.

I have read and understood the regulations governing all matters related to the course including my obligations and responsibilities and I shall abide by the rules and regulations which will become effective during the time I am in attendance of the said CSA Course.

It is hereby certified that, all particulars furnished by me herein are true and accurate to the best of my knowledge. I am fully aware that any false statements or miss representation of facts entered herein if detected during or after my admission would result in disqualification and forfeiture of all rights and claims for any sums of monies paid.

I am aware that the application, processing and examination fee paid by me are not refundable.



Signature of Applicant

Date

Passport No: _____
Date of Issue & Date of Expiry: _____

NOTE: Copies of all certificates and other documents attached with the application should be duly authenticated by the Registrar, City School of Architecture at the time of handing over the application.

CITY SCHOOL OF ARCHITECTURE (COLOMBO) LTD

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Colombo 08

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E: manageradm@csacolombo.edu.lk

W: www.csacolombo.edu.lk

FOR OFFICE USE ONLY

Duly Perfected Application and Documentary Evidence. Checked and certified by the **Registrar, CSA**

Signature & Rubber Stamp: _____ Date _____

The following payments were received by the **Accounts Division**:

LKR.1,500.00 being the Application Fee for the CSA Part I Course – 2017 – 2018

Signature & Rubber Stamp: _____ Date _____

The following payments were received by the **Accounts Division**:

USD 150.00 being the Processing Fee (Aptitude Test & Interview) for the CSA Part I Course 2017 – 2018

Signature & Rubber Stamp: _____ Date _____

Application in order – approved by the **Head of School, City School of Architecture**

Signature & Rubber Stamp: _____ Date _____

| | |
|----------------------------|--|
| Application Received on: | |
| Aptitude Test Attended on: | |
| Interview Attended on | |
| Registration Date: | |

| ENROLLMENT | Accounts (Fee Paid) | Head of School | Registrar |
|---------------------------|---------------------|----------------|-----------|
| PART I YEAR I (2017-2018) | | | |
| PART I YEAR 2 (2018-2019) | | | |
| PART I YEAR 3 (2019-2020) | | | |