

Photo

11) DS Campus
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OFFICE USE ONLY Application No:
Course Name:
PERSONAL INFORMATION
Name of Candidate
Name of Father / Guardien
Gender: Male / Female Date of birth D M M Y E A R
NIC No:
Contact No of Candidate: Other Mobile No
Candidate Address:
E-Mail:
City/Village Division:
EDUCATIONAL QUALIFICATION
O/L Examination If available
A B C S
A/L Examination Details If available
A B C S General Test
OTHER QUALIFICATION
Course Title (if available) Institute Name Year
I certify that these details are true and according to my sense.
Date Signature