APPLICATION FOR ADMISSION AS AN ATTORNEYS-AT-LAW STUDENT

SRI LANKA LAW COLLEGE

244, Hulftsdorp Street, Colombo 12.

			FOR OFFIC	CE USE ONLY		
Da	te Recei	ved	Date Approved		Fees paid Rs.	
Da	te Admit	ted	Registration No.		Registered By:	
All		in this application mose extra papers, if neces	()	7		eations will not be
1.	(A)	Name in full (In block letters)	: Mr./Miss./Mrs./	/Dr./Rev		
	(B)	Name with initials (In block letters)	:			
2.	(A)	Permanent Address	:			
	(B)	Contact No./s.		i) Mobile [
	(C)	E-Mail Address	:.			
3.	(A)	Date of birth	:	Date	Month Ye	ear
	(B)	Age (at the date on whice	h submission of applicat	ions close):		
	(C)	Place of birth	:			
	(D)	Sex [Please mark (x) is	n the relevant box]:	Male	Fema	le
4.	(A)	Are you a citizen of	Sri Lanka? [Please	mark (x) in the rel	levant box]: Yes	s No
	(B)	If yes, National Ide	ntity Card No.			

											_				
5.	(A)	Are y	ou employed? []	Please mark (x) is	n the	releva	nt box]:		Υe	es		No			
	(B)	If yes	, state the follow	ving;											
		(i) D	esignation	i				••••							
		(ii) Pl	ace of work	:											
		(iii) A	Address	:											
		(iv) Co	ontact No.	:											
6.	(01)	Entry	Qualifications:	[Please mark (x)	in th	e releva	int box]								
		(a)	LL.B.	Barri	ster	-at-Lav	N				O	ther			
			(i) Year		:										
			(ii) Class (if any	<i>'</i>)	:										
		(b)	Name of Univer	sity / Society	:										
		(c)	Subjects with G	radings	:-	(Pleas	se attac	ch d	etaile	d resu	lts sh	eet/De	gree	cert.)	
	(02)	Englis	ou possess Two sh and General i ational GCSE E	Knowledge sul	bjec Pleas	ts) at o	one an	ıd th relev	ant bo	ne sitt					
					1	Not A	.ppli	cab	le		Ye	es]	No	
		(A)	If yes, state												
			(i) Name of the	Examination	:	• • • • • • • •									
			(ii) Name of the	Dept./Instituti	on:										
			(iii)Year		:										
			(iv) Index No. /	Candidate No.	:										
	(03)	Do yo	ou possess a Creo	dit pass in Engl	lish	Langu	age at	the	G.C.	E. (O /	L) or	N.C.G	.E. c	or S.S.	C. or
		Intern	ational GCSE E	xamination? [P	leas	e cross	(x) the	relev	ant bo	ox]:		Yes		No	
		(B)	If yes, state		Î		Subj	ect		1	G	rade Ol	ntain	ed	
							Engl:		2			rude of	Juli	icu	
			(v) Name of the	Examination	:										
			(vi) Name of the												
			(vii) Year	-	:										
			(viii) Index No.	/ Candidate No	o.: .										

	(04)	Do you possess a Credit pass in Sinhala / Tamil Language at the G.C.E (O/L) or N.C.G.E or S.S.C. or International GCSE Examination? [Please mark (x) in the relevant box]: Yes No
		(A) If yes, state;
		(i) Name of the Subject and grade obtained
		(ii) Name of the Examination (iii) Name of the Dept./Institution: (iv) Year (v) Index No. / Candidate No.
	(05)	If you do not possess the qualifications in 6.(02) & 6.(03) above, state the other qualifications in lieu thereof (Give particulars):
7.	(A)	Have you been convicted of any offence? : Yes No
	(B)	If yes, state the date, name of the Court and particulars of offence:
	(C)	Have you been ordered by a Court of Law to pay any sum of money? Yes No
	(D)	If yes, give details:
8.	(A)	Have you registered at Sri Lanka Law College previously? Yes No
	(B)	If yes, give particulars: Registered No
9.	(A) (B)	Have you been refused admission to Sri Lanka Law College previously? Yes No If yes, give particulars:
10.	(A) (B)	Have you been expelled from SLLC previously or has an inquiry been held in connection with you previously? Yes No If yes, give particulars:
11.		s of person issuing Certificate of Character:- e with initials
		ession or Occupation
		od of time he/she has known you
		ress (Official or Personal)
	Cont	act Number/s
	E-M	ail Address (if available)

		Names of S	Schools and Univer	sities					D	ate	of	entry	y	Date	e of le
	01.														
	02.														
	03.														
	04.														
3.		whether you are curr tional etc.) in any fu													ıl, Aca
		Name of	Institution			Ful	l-tii	ne /	Par	rt-t	ime]	Date	of R	egistr
	01.														
	02.														
4.	(A) Name of Father/ Guardian / Person to be contacted in an emergency in Sri Lanka:-														
		Mr./Miss./Mrs./Dr./Rev.													
	(B)	Profession or Oc	cupation:												
	(C)	Address:	•												
	(C)	(C) Address:													
	(D)	Contact No/s.:	(i) Mobile							Τ	<u> </u>	T	T	7	
			(ii) Residence												
	Educat to be e	information given besion, you are liable to expelled from the Collestatute against you.	be disqualified. If s	uch inf	orn	natio	on i	s dis	cov	ere	d aft	er a	dmis	ssion,	you ar
5.	DECI	LARATION													
	I do hereby declare that; (i) I have read and understood the requirements for admission to the Sri Lanka Law College and I have necessary qualifications for admission as indicated in this application;														
	(ii)	The information I hav	e given in this appli	cation i	str	ue a	nd o	corre	ect;						
		am fully aware that if any information given by me herein is found to be incorrect, false or intended on mislead the Council of Legal Education, I am liable to be disqualified and if such information discovered after admission, I am liable to be expelled from the College.													
	t	to mislead the Counc	il of Legal Education	n, I am	lia							and	11 5		11011116
	t	to mislead the Counc	il of Legal Education	n, I am	lia							and			HOIIIIa

For Office Use