

CGS / **COLOMBO INSTITUTE OF LIFE SCIENCE**

STUDENT ADMISSION FORM

BATCH NO-: CG L4/ 01 JAN / 2020

FULL NAME			
NAME WITH INITIALS		ID NO :	
ADDRESS		TELE NO :	
DATE OF BIRTH		AGE	
EDUCATIONAL QUALIFICATION			
EXATRA QUALIFICATION			
STUDIED AT DISTRICT & AREA			
NAME OF GUARDIAN			
ADDRESS		TELE NO :	

SIGNATURE OF STD. -:

SIGNATURE OF ADMIN OFFICER. -: