## ADMISSION TO ADVANCED TECHNOLOGICAL INSTITUTE - GAMPAHA

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11).	I certi	ify th											n are												& beli	ief.

Date: .....

the event of any damage caused by me, I agree that I will abide by the orders enforced on me by the Head of Institute.

Signature of Applicant

## Certificate of the Parent /Guardian/Employer

	Day (	Course	Part time Course
01.		/mother/guardian :	01. Occupation of the applicant
02.	National Identi	ity Card No:	02. Date of appointment
03.			03. Permanent / Temporary
			04. Name of the employer
			05. Address of the employer
04.	Occupation:		
		to abide by the decision	
		ead of the Institute in	
	event an any d	lamage done to the institute	
	by		
			06. Certificate of the employer
			I hereby certify that the particulars
			furnished by
			(applicant name) are correct. He/she
			will be released from duty so that he/she
			will be able to report to the Institute in time
			to follow the course.
	Signature of Fa	ather/Mother/	Signature of the employer
	Date:		Designation Official stamp
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For Office Use Only								
Registration No.:	Date of Admission	n:						
Course fee :	Receipt No.	:						
Library Deposit:	Receipt No.	:						