



**OBLATE INSTITUTE OF HIGHER LERNING (OIHL)**  
**APPLICATION FOR ADMISSION**  
**CERTIFICATE COURSE ON BOOK-KEEPING AND**  
**ACCOUNTS**

Dev Arana, Paththanduwana, Polwatta, Minuwangoda, Sri Lanka.  
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Year

Application No:

**APPLICANT INFORMATION**

Last Name

Mr. / Ms. / Rev.

Initials

Names denoted by initials

Congregation

Date of Birth (DD/MM/YYYY)

SL NIC No.

**CONTACT DETAILS**

Mobile Phone

Other Phone

Fax

Email

Mailing Address

Permanent Address (If different from above)

**DISCLAIMER AND SIGNATURE**

I certify that the information provided above is true and accurate to the best of my knowledge and I am prepared to abide by the rules and regulations of the Oblate Institute of Higher Learning (OIHL), Sri Lanka.

Signature

Date