



PROFESSIONAL QUALIFICATIONS: .....

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WORK EXPERIENCE : .....

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*(Use extra pages, if necessary, to give more information. Attach service certificates from employers or adequate proof of experience)*

KNOWLEDGE OF ENGLISH : .....

HOW I HEARD ABOUT SMAM

Recommended by friend / relative

Exhibition / Seminar

Internet

News Papers

Magazines

TV

Radio

Other

I certify that the above information is true and correct. I understand that misrepresentation in the application will cause rejection of application or revoking of acceptance for admission.

.....

Date

.....

Signature of Applicant

**N.B:** payments to be made by cash or deposit at any Peoples Bank to A/C No. 086-1001-43251566(Thimbirigasyaya) and attach the Customer Copy along with your application Form.

**Office Use Only**

Ins	Date	R No	Amount

**Mail this application to: Programme Officer-School of Media Arts & Management  
NO 229 1/1, Castle Street, Colombo 08 E-mail: [thesmam@gmail.com](mailto:thesmam@gmail.com) Web [www.thesmam.com](http://www.thesmam.com)**