ADC SCHOOL APPLICATION FORM

PLEASE FILL IN BLOCK LETTERS

NAME WITH INITIALS		*PASTE YOUR PHOTO HERE*
NAME IN FULL		
DATE OF BIRTH	D M Y	
NIC NO		

GENDER(✔)	MALE		NATIONALITY	
	FEMALE			

ADC MEMBER(✔)	YES		ADC ID NO	
	NO			

ADC MEMBER'S SPOUSE(✔)	YES		ADC MEMBERS'S REGISTRATION NO	

EMAIL ADDRESS		DISTRICT	
CHURCH ADDRESS			
HOME ADDRESS			
CONTACT NO		WHATSAPP NO	
DO YOU HAVE THE ABILITY TO WRITE ?		YES (✔)	NO (✔)

BANK ACCOUNT DETAILS	
ACCOUNT NAME	
ACCOUNT NUMBER	
BANK	
BRANCH	
CODE	

DID YOU COMPLETE ANY OF ADC COURSES		
COURSE	YEAR	EXAMINATION ADMISSION NUMBER

SIGNATURE	

(PLEASE ATTACH COPIES OF YOUR RESULTS SHEETS)

FOR OFFICE USE ONLY

NUMBER	FEE	BILL NO	COURSE	DATE	APPROVAL	DATABASE UPDATE

NOTES: