NATIONAL DIPLOMA IN PRESCHOOL TEACHER TRAINING

St.George
International Teacher Training Institute
Institute of Teachers

St . George International Teacher Training Institute (PVT) Limited
Institute of teachers

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✉ Info@sgtti.lk
🌐 http://www.stgeorgeinstitute.lk
🏠 No. 187, Thaladuwa road, Negomobo, Sri Lanka.

Application for Registration for new student
*All field **MUST** be completed*

SECTION 01: ACADEMIC DETAILS

Name of the Qualification

National Diploma in Preschool and Montessori Teacher Training	
Pearson assured Diploma in Montessori Method & Primary Education Teacher Training	

SECTION 02: PERSONAL DETAILS

Title

MR.		MS.		REV.	

Full Name in Block Letters **(Name as to be printed in the certificate)**

N.I.C Number

Date of Birth

Home Address

Private Email

[   ]

Home Telephone

Private Mobile

Guardian Name/job Contact Number/ Address

Name	Contact Number	Home Address	Job Title

General Certificate of Examination Ordinary Level (G.C.E O/L)

Name of the attended School	No of Subjects attempted	Year of the Examination

(Please note that a minimum S pass in Mathematics at GCE Ordinary Level Examination is required in being eligible or this Diploma)

	SUBJECT	RESULT		SUBJECT	RESULT
01			06		
02			07		
03			08		
04			09		
05			10		

General Certificate of Examination Advanced Level (G.C.E. A/L)

Name of the attended School	Stream of Study	Medium	Year

	Name of the Subject	Result
01		
02		
03		
04		

SECTION 04: DOCUMENTATION SUBMISSION CHECKLIST

	A Copy of Birth Certificate
	Copies of all the Educational Qualification Certificates (Ordinary Level Examination / Advanced Level Examination
	A copy of National Identity Card (NIC) /Information Pages of Passport
	Latest Curriculum Vitae

The hard copies of above list of documents need to be submitted for student verification purposes.

I certify that all the information provided above is correct and I agree to abide by and be subjected to the regulations of the St. George International Teacher Training Institute if this application is accepted.

……………………..   …………………………

     Date   **Signature of the Applicant**

OFFICE USE ONLY

Checked & Verified By: ………………………………..

Date: ……………………………………………………