

For Office Use	
Application No	
Receipt No	

**THE BSc. (APPLIED ACCOUNTING) GENERAL (LEVEL 5) /SPECIAL (LEVEL 6)**  
**DEGREE PROGRAMME**

**STUDENT APPLICATION FORM FOR EXEMPTIONS**

1.0	Programme Applying For (Check (x) the appropriate box)		
1.1	<input type="checkbox"/> Full-time Programme	1.2	<input type="checkbox"/> Part-time Programme

2.0	Applicant Information		
2.1	Name with Initials (Mr./Ms.):		
2.2	Full Name:		
2.3	Date of Birth (DD/MM/YYYY):		
2.4	Nationality:		
2.5	NIC No. (for Sri Lankan applicants):	2.6	Passport No.:

3.0	Contact Details		
3.1	Mailing Address:		
3.2	Permanent Address (if different from above):		
3.3.	Telephone: Mobile:	3.3.1	Home:
3.4	E-mail address:		

4.0	Educational Qualifications		
4.1	G.C.E. A/L Examination (Sri Lanka)		
4.1.1	School:	4.1.2	District :
4.1.3	Year:	4.1.4	Index No:
4.1.5	Medium:		

4.1.6	Subjects	Grade	Subjects	Grade
	1.		4. General English	
	2.		5. Common General Paper ( <i>New Syllabus</i> )	
	3.			

4.2	Foreign Educational Qualifications Equivalent to the GCE A/L Examination (Sri Lanka)*			
4.2.1	Name of the Examination:			
4.2.2	School/College/Institute:	4.2.3	Country:	
4.2.4	Year:	4.2.5	Medium:	

4.2.6	Subjects	Grade	Subjects	Grade
	1.		4.	
	2.		5.	
	3.		6.	

\*applicants with foreign educational qualifications equivalent to the GCE A/L Examination (Sri Lanka) (other than Edexcel and Cambridge International Examinations) are required to attach to their applications the original letter obtained from the Examinations Board concerned, to prove that their educational qualifications are equivalent to the G.C.E. A/L Examination of the University of London or qualifications required for admission to a university in their own country to follow an undergraduate course of study leading to a Bachelor's Degree.

5.0	Other Study Programmes ( <i>if you are currently registered for any other study programme, provide following information</i> )
5.1	Name of the Academic/Professional Programme :
5.2	Registration No:
5.3	University/Institute:
5.4	Course Duration :
5.5	Completion level :

Please attach the copy(s) of result sheets(s).

6.0	Exemption from BSc. (Applied Accounting) General/Special degree to CA programme
6.1	CA Member/Student ID number:
6.2	Year of first Registration:
6.3	Year of Completion:

6.4	Please tick <input checked="" type="checkbox"/> the level you have successfully completed at CA program:
	<input type="checkbox"/> Certificate in Accounting and Business II
	<input type="checkbox"/> CA Professional - Strategic Level 1
	<input type="checkbox"/> CA Professional - Strategic Level 11
	<input type="checkbox"/> Associate Chartered Accountant (ACA Member)
	<input type="checkbox"/> Fellow Chartered Accountant (FCA)

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Exemptions granted for	
<input type="checkbox"/>	Certificate in Accounting and Business II
<input type="checkbox"/>	CA Professional - Strategic Level 1
<input type="checkbox"/>	CA Professional - Strategic Level 1
<input type="checkbox"/>	Fellow Chartered Accountant (FCA)
<input type="checkbox"/>	Associate Chartered Accountant (ACA Member)
Registration: Approved/ Not Approved	
Signature of Officer:	
Exemptions granted for	
<input type="checkbox"/>	Certificate in Accounting and Business II
<input type="checkbox"/>	CA Professional - Strategic Level 1
<input type="checkbox"/>	CA Professional - Strategic Level 1
<input type="checkbox"/>	Fellow Chartered Accountant (FCA)
<input type="checkbox"/>	Associate Chartered Accountant (ACA Member)
Registration: Approved/ Not Approved	
Signature of Officer:	

7.0	<b>Disclaimer and Signature</b>
	I do hereby certify that the particulars furnished by me in this application are true and correct and I am prepared to abide by the rules and regulations governing the registration and award of degrees of the CA Sri Lanka. In case the information presented here is found to be incorrect, I agree that the Council of CA Sri Lanka has the right to cancel my registration at any time.
7.1	Signature of the applicant:
7.2	Date:

<b>8.0</b>	<b>Attestation</b>
8.1	I certify that the named candidate who is a past pupil/employee in my office/known to me personally Placed his / her signature in my presence today.
8.2	Signature of Applicant:
8.3	Signature of Attester:
8.4	Date:
8.5	Name of the Attester:
8.6	Designation/Status:
8.7	Address:

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Date Received:	
Eligibility for English Proficiency Placement Test:    Yes / No	Checked by:
Performance at the English Proficiency Placement Test (Marks):	Pass / Fail
Performance at the Interview:	
Registration:    Approved/ Not Approved	
Signature of Officer:	Date:

## **THE BSc. (APPLIED ACCOUNTING) GENERAL/SPECIAL DEGREE PROGRAMME**

### **GUIDELINES TO APPLICANTS**

An individual who satisfy the specified entry requirements, is entitled to apply for the BSc. (Applied Accounting) General/Special Degree 2013/2014.

Application forms and relevant details can be obtained;

- from the School of Accounting and Business (SAB) of Institute of Chartered Accountants of Sri Lanka by personally calling over visiting

Or

- via post by sending a self-addressed stamped envelope to reach, the School of Accounting and Business (SAB), The Institute of Chartered Accountants of Sri Lanka, 30A, Malalasekera Mawatha, Colombo 07

Or

- by visiting the website of Institute of Chartered Accountants of Sri Lanka ([www.casrilanka.com](http://www.casrilanka.com))

### **Please read the following instructions before completing the application**

- Application form should be filled in English by using BLOCK CAPITAL LETTERS.
- Name must be given as appearing in the Birth Certificate. (Box 2.0)

*Example:*

*Name with initials: D. A. S. WEERASEKARA (Box 2.1)*

*Full Name: DISSANAYAKA ARACHCHIGE SAMAN WEERASEKARA (Box 2.2)*

- G.C.E. Advanced Level examination results should be indicated accurately and clearly. (Box 4.0)
- Indicate three preferred centers for the English Proficiency Placement Test in order of preference. (Refer Annex 1 for the list of available centers) (Box 6.0)
- Place your signature and the date at the appropriate place in the application form. (Box 7.1 and 7.2)
- The signature of the applicant should be attested by any one of the following persons: (Box 8.0)
- Grama Niladhari of the Division, School Principal, Justice of Peace, Commissioner of Oaths, Attorney at Law, Notary Public, Commissioned Officer of the armed forces,

Staff Officer of Govt./ Corporation, the Chief Incumbent of a Buddhist Vihara or a religious Dignitary of standing of any other religion.

- An application fee of Rs 1250/= should be paid to any branch of Bank of Ceylon at the time of forwarding the completed application form by registered Post.

Account/Card Number – 0002323142

Account/Card Holder's Name and Address – The Institute of Chartered Accountants of Sri Lanka- Torrington Branch

- The application fee of Rs 1250/= will not be refunded under any circumstances.
- **Duly completed applications along with the Cash Deposit Slip and a copy of G.C.E. Advanced Level (A/L) certificate** (or a printed copy of the A/L result sheet obtained from the Department of Examination website) should be handed over to CA Sri Lanka or posted under registered cover (Please write 'Application for the BSc. (Applied Accounting) General/Special Degree' on the top left-hand corner of the envelope) to the below mentioned address.
- All candidates who seek exemptions for CA programme, should satisfy the basic entry qualification for the degree programme. I.e. successful completion of G C E A/L examination (Sri Lanka / equivalent qualification acceptable to University Grants Commission Sri Lanka.)

For further information, please contact:

Coordinator,

School of Accounting and Business (SAB)

The Institute of Chartered Accountants of Sri Lanka

30A, Malalasekera Mawatha, Colombo 07

Hot Line: 0112352077 / Tel: 011 2352000 Ext 1117

E-mail:sab@casrilanka.com

www.casrilanka.com