

AB MAURI Bakery Training Center

Full Name

Date of Birth

NIC No

Gender

Male

Female

Resident Address

Resident Phone No.

Mobile Number

E-mail Address

Education Qualifications

Ordinary Level

Yes

No

Advance Level

Yes

No

Other Qualification

Please put a tick mark (✓) appropriate information from following list

- Own a bakery
- Plan to open a bakery
- Are you employed as a baker

If you are employed or own a bakery business please provide your...

Company/Institution/
Business Name

Address

Phone Number

Fax Number

Experienced in the industry

 years

 months

Choose your course from the below list (Please put a tick (✓) mark)

- Preliminary Certificate of Baking
- Advance Certificate of Baking
- Diploma of Baking

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not selecting me or for immediate cancelation of admission to the course at any point in the future if I am selected to the above course. I authorize the verification of any or all information listed above.

Date

Signature

OFFICE USE ONLY

Registration No

Batch No