



# DIE & MOULD

Facilitation & Development Centre

DEPARTMENT OF MECHANICAL ENGINEERING  
UNIVERSITY OF MORATUWA  
MORATUWA, SRI LANKA.



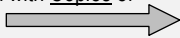
☎ 011-264 0475 ☎ 011-265 0621 E-✉ diemould@mech.mrt.ac.lk

MINISTRY OF INDUSTRY & COMMERCE / MOULD & DIE MAKERS ASSOCIATION / UNIVERSITY OF MORATUWA

## APPLICATION FORM

COURSE CODE TRAINING COURSE ON CNC PART PROGRAMMING USING PRO/ENGINEER & SOLIDCAM

COURSE TITLE DM-INPT03

Forward Your Duly Completed Application with Copies of Professional / Technical Certificates to   
Applicants from Private and Public sector Organizations must forward their applications through Head of Organization / Division

DIRECTOR,  
DIE & MOULD FACILITATION AND DEVELOPMENT CENTRE,  
DEPARTMENT OF MECHANICAL ENGINEERING,  
UNIVERSITY OF MORATUWA,  
MORATUWA 10400.

For Office Use

Please note that incomplete Applications and Applications without copies of Professional / Technical Certificates attached will NOT be processed

### Personal Details

(Please use BLOCK CAPITALS)

Name in full																												
Name with Initials																												
Title															Sex													
Age					Years					Months					Date of Birth	d	d	-	m	m	-	y	y	y	y			
NIC Number															Other													

### Contact Details

Residence	Address																																
	City															Post Code																	
	Telephone	0	-															Mobile	0	-													
	Email (personal)																																
Office	Organization																																
	Address																																
	City															Post Code																	
	Telephone	0	-															Mobile	0	-													
	Email																																

### Other Details

(Attach Copies of Professional / Technical Certificates)

Profession / Designation																												
Professional / Technical Qualifications																												

Courses Followed & Duration	(Attach Copies of Certificates)

**About Yourself ....**

<b>Primary Job Function (select only ONE)</b>			
<input type="checkbox"/> Consulting	<input type="checkbox"/> Design & Analysis	<input type="checkbox"/> Draughting / Modelling	
<input type="checkbox"/> Maintenance	<input type="checkbox"/> Management (Eng. / Technology)	<input type="checkbox"/> Manufacturing	
<input type="checkbox"/> Research & Development	<input type="checkbox"/> Supervising	<input type="checkbox"/> Teaching (Eng. / Technology)	
<input type="checkbox"/> Other (please specify) .....			
<b>Experience in Current Position</b>			
<input type="checkbox"/> Less than a year	<input type="checkbox"/> 1 to 5 years	<input type="checkbox"/> More than 5 years	
<b>Work Experience in Computer Aided Design / 3D Modelling</b>			
<input type="checkbox"/> Less than a year	<input type="checkbox"/> 1 to 5 years	<input type="checkbox"/> More than 5 years	
<b>Work Experience in Computer Aided Manufacture</b>			
<input type="checkbox"/> Less than a year	<input type="checkbox"/> 1 to 5 years	<input type="checkbox"/> More than 5 years	
<b>Computer Aided Designing &amp; Manufacturing Tools used (indicate version or release)</b>			
<input type="checkbox"/> SolidWorks Ver.....	<input type="checkbox"/> Pro/Engineer Ver.....	<input type="checkbox"/> SolidCAM Ver .....	<input type="checkbox"/> Other .....
<b>Have You ever undergone a formal training in Computer Aided Manufacturing?</b> YES / NO			

**About Your Organization ....**

<b>Approximate Number of Employees</b>			
<input type="checkbox"/> Less than 25	<input type="checkbox"/> 25 to 100	<input type="checkbox"/> More than 100	
<b>Computer Aided Designing &amp; Manufacturing Tools Available</b>			
<input type="checkbox"/> SolidWorks	<input type="checkbox"/> Pro/E	<input type="checkbox"/> SolidCAM	<input type="checkbox"/> Other .....

The Information furnished above is true and accurate to the best of my knowledge.

Date : ..... Applicant's Signature : .....

**For Applicants from Private and Public Sector Organizations :**

I do certify that the applicant has sufficient knowledge and / or experience to follow the above course.

Name, Designation & Signature of the Recommending Officer : .....

Date : .....

Use Official Rubber Stamp

FOR OFFICE USE ONLY	
Applicant's Entry Requirements to follow the course are	<input type="checkbox"/> SUFFICIENT <input type="checkbox"/> NOT SUFFICIENT
Copies of Professional / Technical Certificates are	<input type="checkbox"/> ATTACHED <input type="checkbox"/> NOT ATTACHED
Remarks :	Application No. : DM-INPT03-01-.....
	Date Received : ...../...../.....
	Checked by : .....
	Interview held on : ...../...../.....
	Panel Members : .....
	Status : Selected / Rejected / .....