

CENTRE FOR OPEN AND DISTANCE LEARNING UNIVERSITY OF JAFFNA

REGISTRATION FOR THE CERTIFICATE COURSE IN BASIC SINHALA LANGUAGE FOR SCHOOL LEAVERS

Please fill this application form in "BLOCK LETTERS"

SECTION (A) - PERSONAL INFORMATION																				
1. Full Name: (Rev./Mr./Mrs./Miss.)																				
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2. Name with Initial:																				
3. Permanent Address:											•••									
4. Postal Address :(If different from the above)																				
•••••																				
5. District: 6. Province:												••								
7.Contact No:										(Residence):										
8. E-Mail:																				
9.Gender 10.Civil Status																				
Male: Female:										Married: Unmarried:										
10.Date of Birth: DD MM YYYY																				
11.1	IIC N	0:																		

SECTION (B) - EDUCATIONAL QUALIFICATIONS

• (G.C.E	Ordinary	Level
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	• G.C	C.E Advanced Level					
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	English						
	Genero	al Knowledge					
SEC	TION (C	C) – EMPLOYMENT DETAILS					
Employed Unemployed							
Curr	ent Empl	oyment Details					
		Organization					

Declaration of the Candidate

I hereby declare that I have read and understood the conditions and requirements for this course of study and I hereby assure that I have the minimum qualifications and if the given details are found incorrect, my registration could be cancelled by the University at any time and have no right to reimburse any amount paid by me.

Date	Signature of Candidate
SECTION (D) – PAYMENT DETAILS	
Date of Payment:	
Amount in Figure: <u>15,000.00</u>	
Amount in Words: Fifteen Thousand Only	

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