



CENTRE FOR OPEN AND DISTANCE LEARNING
UNIVERSITY OF JAFFNA

APPLICATION FOR THE CERTIFICATE COURSE IN BASIC ICT SKILLS

Please fill this application form in "BLOCK LETTERS"

SECTION (A) - PERSONAL INFORMATION

1. Full Name: (Rev./Mr./Mrs./Miss.)

Grid for full name entry

2. Name with Initial:

Grid for name with initial entry

3. Permanent Address:

Dotted lines for permanent address entry

4. Postal Address :(If different from the above)

Dotted lines for postal address entry

5. District:

Text box for district entry

6. Province:

Text box for province entry

7.Contact No (i)(Mobile):

Text box for mobile contact number entry

(ii)(Residence):

Text box for residence contact number entry

8. E-Mail:

Text box for email entry

9.Gender

Male: [] Female: []

10.Civil Status

Married : [] Unmarried: []

10.Date of Birth:

DD MM YYYY

11.NIC No:

Grid for NIC number entry

SECTION (B) - EDUCATIONAL QUALIFICATIONS

EDUCATIONAL QUALIFICATIONS

- G.C.E Advance Level

Index No:	
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Year:	
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Stream:	
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No	Subject	Grade
1.		
2.		
3.		
	General English	
	Common General test	

SECTION (C) - EMPLOYMENT DETAILS

Employment Status:

Employed Unemployed

Current Employment Details

Organization	Position

SECTION (D) - PAYMENT

Payment Amount:

Payment Date:

Reference number:

PEOPLE'S BANK		පැයවීමේ පත வைப்புச்சீட்டு Deposit Slip		Office Copy	
විද්‍යාලීය අංකය கணக்க இலக்கம் Account Number 890012520002088		දිනය திகதி Date			
විද්‍යාලීය නම கணக்கு வைப்பாளரின் பெயர் University of Jaffna		සහල්පු කොටස් Notes		රුපියල් ரூப Rs.	
විද්‍යාලීය නම கணக்கு வைப்பாளரின் பெயர் Your Name		x 5000			
ලිපිනය முகவரி Your Address		x 2000			
ලිපිනය முகவரி Your Address		x 1000			
ලිපිනය முகவரி Your Address		x 500			
ලිපිනය முகவரி Your Address		x 200			
ලිපිනය முகவரி Your Address		x 100			
ලිපිනය முகவரி Your Address		x 50			
ලිපිනය முகவரி Your Address		x 20			
ලිපිනය முகவரி Your Address		x 10			
අයදුම් කිරීමේ අගය APPLICATION FEE FOR CERTIFICATE COURSE IN BASIC ICT SKILLS		විද්‍යාලීය නම கணக்கு வைப்பாளரின் பெயர் Your Signature		මුළු சமையின் மொத்தம் Total 500.00	

Declaration of the Candidate

I 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

NOTE: Applications should be sent under registered cover to the following address on or before 26th August 2022.

Deputy Registrar,
 Centre for Open and Distance Learning,
 University of Jaffna,
 Thirunelvely.