



REGISTRATION FOR THE CERTIFICATE COURSE IN SEMENOLOGY
BATCH-I (2023)

Please fill this application form in "BLOCK LETTERS"

SECTION (A) - PERSONAL INFORMATION

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

2. Name with Initial:

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3. Permanent Address:

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4. District:

5. Province:

6. Contact No (Mobile):

(Residence):

7. E-Mail:

8. Gender

Male:

☐

Female:

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9. Civil Status

Married :

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Unmarried:

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10. Date of Birth:

DD	MM	YYYY
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11. NIC No:

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SECTION (B) - EDUCATIONAL QUALIFICATIONS

EDUCATIONAL QUALIFICATIONS

- G.C.E Advance Level

Index No:

Year:

Stream:

No	Subject	Grade	Subject	Grade
1.			English	
2.			General Knowledge	
3.				

SECTION (C) - EMPLOYMENT DETAILS

Employment Status:

Employed

☐

Unemployed

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Current Employment Details

Organization	Position

SECTION (D) - PAYMENT

Payment Amount:

18000/= (Course Fee)

Payment Date:


DD

MM

YYYY

Reference number:

890012520002930

		PEOPLE'S BANK		தலைப்பு பத வைப்புச்சீட்டு Deposit Slip		Office Copy	
தொகுதி எண் கணக்கு இலக்கம் Account Number		திகதி Date					
890012520002930							
University of Jaffna				ரூபாய் ரூப Rs.		ரூப ரூப	
Name of Account Holder				x 5000			
Give the following information only when a deposit of over Rs. 200,000/- is made by a person other than the Account Holder.				x 2000			
Your Name				x 1000			
Your Address				x 500			
NIC No				x 200			
Your Signature				x 100			
REGISTRATION FEE FOR CERTIFICATE COURSE IN SEMENOLOGY (BATCH I)				x 50			
Valid if Overprinted or Signed by an Officer				x 20			
Do Not Write Anything Below This Line				x 10			
				Total		18000.00	

Declaration of the Candidate

I declare hereby that I have read and understood the conditions and requirements for this course of study and I do 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