

CENTRE FOR OPEN AND DISTANCE LEARNING UNIVERSITY OF JAFFNA

REGISTRATION FOR THE CERTIFICATE COURSE IN BASIC SINHALA LANGUAGE FOR SCHOOL LEAVERS LEVEL- I

BATCH-III

Please fill this application form in "BLOCK LETTERS"

SECTION (A)	– PERSONAL	INFORMATION
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1. Full Name: (Rev./Mr./Mrs./Miss.)																			
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 Index No: Year: No Subject Grade 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. **G.C.E Advanced Level** Index No: Year: Stream: No Subject Grade 1. 2. 3. English General Knowledge SECTION (C) - EMPLOYMENT DETAILS Unemployed Employed **Current Employment Details**

Organization

Position

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) – PAY	MENT DETAILS	
Date of Payment:		
Amount in Figure:	12,000.00	
Amount in Words:	Twelve Thousand Only	

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