



CENTRE FOR OPEN AND DISTANCE LEARNING
UNIVERSITY OF JAFFNA

APPLICATION FOR THE DIPLOMA IN TOURISM AND HOSPITALITY MANAGEMENT

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]

6. Province: [Text box]

7. Contact No (Mobile): [Text box]

(Residence): [Text box]

8. E-Mail: [Text box]

9. Gender

Male: [checkbox] Female: [checkbox]

10. Civil Status

Married: [checkbox] Unmarried: [checkbox]

10. Date of Birth: [DD] [MM] [YYYY]

11. NIC No: [Grid]

SECTION (B) - EDUCATIONAL QUALIFICATIONS

EDUCATIONAL QUALIFICATIONS

- **G.C.E Ordinary Level**

Index No:	
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Year:	
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No	Subject	Grade
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

- **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.		
	English	
	General Knowledge	

Note:- The relevant documents should be attached with the application form.

SECTION (C) – OTHER QUALIFICATIONS (IF ANY)

SECTION (D) - EMPLOYMENT DETAILS

Employment Status:

Employed Unemployed

Current Employment Details

Organization	Position

SECTION (D) - PAYMENT

Payment Amount: Payment Date:

Account Number:

තැන්පතු පත | வைப்புச்சீட்டு | Deposit Slip

கணக்கின் கணக்கை | இலக்கம் | Account Number

890012780003065

Office Copy

දිනය | திகதி | Date

විදුම් හිමියාගේ නම
கணக்காளியின் பெயர்
Name of Account Holder

University of Jaffna

විදුම් හිමියා හෝ වෙනත් අයෙකු විසින් කරනු ලබන රු. 200,000/- 0 ට වැඩි තැන්පතු පතක පමණක් පහත විස්තර සම්පූර්ණ කරන්න.
கணக்காளியைத் தவிர வෙනவர்களினால் ரூ. 200,000 க்கு அதிகமாக வைப்புக்குள்ளாக மாற்றும் பின்வரும் விவரங்களை பூர்த்தி செய்யவும்.
Give the following information only when a deposit of over Rs. 200,000/- is made by a person other than the Account Holder.

මම
Name
Your Name

ලිපිනය
Address
Your Address

දුරකථන අංකය
தொலைபேசி இல. | Tel. No.

නි.ප.ප. | විදේශ මගින් බිලපත්/විදුලත් අංකය
தே.அ.அ. | கடவுள்சீட்டு/சாதி அனுப்பியபத்திர இல. | NIC/P.P./D.L. No. **NIC No**

අයවුම්
අරමුණ
Purpose
MANAGEMENT

දීමට
කරන්නාගේ
අත්සන
Cash Depositor's Signature
Your Signature

මුදල Notes	රුපයේ ரூப Rs.	මුදල Cts.
x 5000		
x 2000		
x 1000		
x 500		
x 200		
x 100		
x 50		
x 20		
x 10		
මුදල කොටස් අගය Total		1000.00

අනෙකුත් කුමක්වත් ලියා ඇති පහත රේඛාවට පහත ලියන්න | Do Not Write Anything Below This Line

Checked by:

Declaration of the Candidate

I declare hereby 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 28th June 2023.**

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