CENTRE FOR OPEN AND DISTANCE LEARNING
UNIVERSITY OF JAFFNA

APPLICATION FOR THE CERTIFICATE COURSE IN PERIOPERATIVE CARE
BATCH-I

Please fill this application form in **"BLOCK LETTERS"**

SECTION (A) – PERSONAL INFORMATION

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

2. Name with Initial:

3. Permanent Address:

…….

…….

4. District: ______ 5. Province: ______

6.Contact No (Mobile): ______ (Residence): ______

7. E-Mail: ______

8.Gender

Male: ☐ Female: ☐

9.Civil Status

Married : ☐ Unmarried: ☐

10.Date of Birth: | DD | MM | YYYY |

11.NIC No:

SECTION (B) - EDUCATIONAL QUALIFICATIONS

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

Index No:			Year:	

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

- **Other Relevant Qualifications** *(G.C.E Advanced Level (G.C.E A/L) & Health related Certificate/ Diploma Courses)*

SECTION (C) – EMPLOYMENT DETAILS

Employment Status:

Employed ☐ Unemployed ☐

Current Employment Details

Organization	Position

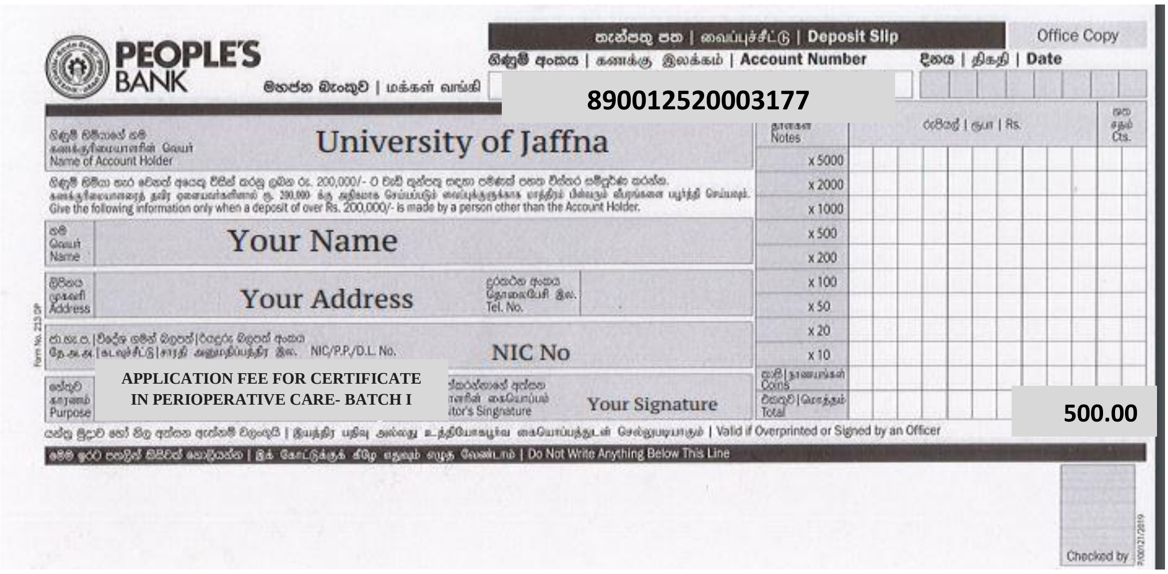
❖ **The relevant documents should be attached with the Application form**

SECTION (D) - PAYMENT

Payment Amount: 500/= (Application Fee)

Payment Date: DD MM YYYY

Reference number: **890012520003177**


PEOPLE'S BANK
Deposit Slip
Office Copy
Account Number
Date
890012520003177
Name of Account Holder
University of Jaffna
Give the following information only when a deposit of over Rs. 200,000/- is made by a person other than the Account Holder.
Name
Your Name
Address
Your Address
Tel. No.
NIC/P.P./D.L No.
NIC No
Purpose
APPLICATION FEE FOR CERTIFICATE IN PERIOPERATIVE CARE- BATCH I
Depositor's Singnature
Your Signature

Notes	Rs.	Cts.
x 5000		
x 2000		
x 1000		
x 500		
x 200		
x 100		
x 50		
x 20		
x 10		
Coins		
Total	**500.00**	

Valid if Overprinted or Signed by an Officer
Do Not Write Anything Below This Line
Checked by

<u>**Declaration of the Candidate**</u>

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 31.10.2023.**

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