



**CENTRE FOR OPEN AND DISTANCE LEARNING
UNIVERSITY OF JAFFNA**

**APPLICATION FOR THE CERTIFICATE COURSE IN SEMENOLOGY
(LABORATORY ANDROLOGY)**

BATCH -II

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. Postal Address :(If different from the above)

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5. District:

6. Province:

7.Contact No (Mobile):

(Residence):

8. E-Mail:

9.Gender

10.Civil Status

Male: Female:

Married : Unmarried:

10.Date of Birth:

11.NIC No:

SECTION (B) –EMPLOYMENT DETAILS

Employment Status:

Employed

Unemployed

Current Employment Details

Organization	Position

SECTION (C) - PAYMENT

Payment Amount:

500/=

Payment Date:

DD

MM

YYYY

Reference number:

890022520002939

කැප්ටල් පන வைப்புச்சீட்டு Deposit Slip		Office Copy	
ගිණුම් අංකය கணக்கை இலக்கம் Account Number		දිනය திகதி Date	
890022520002939			
PEOPLE'S BANK මහජන බැංකුව மக்கள் வங்கி		University of Jaffna Name of Account Holder	
ගිණුම් හිමියා හෝ අනෙක් පුද්ගල විසින් කරනු ලබන රු. 200,000/- ට වැඩි ප්‍රාග්ධන තැන්පත් කිරීමේදී පමණක් පවතින කොන්දාසි. கணக்காளையினால் தான் 200,000 ரூ. அல்லது மேலும் வைப்புத்தகத்தை மட்டும் மீறாமல் செய்து செய்யுங்கள். Give the following information only when a deposit of over Rs. 200,000/- is made by a person other than the Account Holder.		Note Denominations රුප Rs. පමණ Notes ரூப Rs. පමණ	
ගණුම් හිමියාගේ නම Name of Account Holder Your Name		x 5000 x 2000 x 1000 x 500 x 200 x 100 x 50 x 20 x 10	
ලිපිනය Address Your Address		දුරකථන අංකය தொலைபேசி இல. Tel. No.	
ජා. හ. අ. විදේශ ගමන් බලපත් රටපුරා බලපත් අංකය தே.அ.அ. வட்டவச்சீட்டு சாதாரண அனுமதிப்பத்திர இல. NIC/PP/D.L. No.		NIC No Your Signature	
අයදුම් පත්‍රණයේ Purpose APPLICATION FEE FOR CERTIFICATE COURSE IN SEMENIOLOGY (LABORATORY ANDROLOGY)		මුදල් තැන්පත්කරන්නාගේ අත්සන பண வைப்பாளரின் - கையொப்பம் Cash Depositor's Signature	
අනෙකුත් Remarks		මුළු வைப்பின் மொத்தம் செலவு Total 500.00	
අනෙකුත් පණිවිඩයන් සඳහා වූ ප්‍රකාශන සඳහා වලංගු නොවේ Valid if Overprinted or Signed by an Officer			
මෙහි පහතින් පිටතට කෙසිදු වුවද කිසිදු පණිවිඩයක් ලියා නොහැකි වේ Do Not Write Anything Below This Line			

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 05th January 2024.**

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