

CENTRE FOR OPEN AND DISTANCE LEARNING UNIVERSITY OF JAFFNA

REGISTRATION FOR THE HIGHER DIPLOMA IN PHYSICAL EDUCATION – BATCH II

Please fill this application form in "BLOCK LETTERS"

					NAL I					,									
SECTION (A) – PERSONAL INFORMATION 1. Full Name: (Rev./Mr./Mrs./Miss.)																			
2. Name with Initial:																			
3. Pe	3. Permanent Address:																		
4. Po	stal A	ddres	s :(If c	liffere	nt froi	n the	above												
5. Di	strict:									(ó. Prov	⁄ince:							
7.Contact No (Mobile):							(Residence):												
8. E-	Mail:																		
9.Gender Male: Female:							10.Civil Status Married: Unmarried:							ried:					
10.E	ate of	Birth	: DI	D M	M	YYYY													
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SECTION (B) - EDUCATIONAL QUALIFICATIONS

EDUCATIONAL QUALIFICATIONS

•	G.C.E Advance Level		
Ind	ex No:	Year:	
Stre	eam:		
No	Subject	Grade	
1.			
 3. 			
J.	English		
	General Knowledge		
En	TION (C) - EMPLOYMENT DETAILS nployed Unemployed ent Employment Details Organization	Position	
•	The relevant documents should be attached v Declaration of		
assuı	lare hereby that I have read and understood the conditice that I have the minimum qualifications and if the gelled by the University at any time and have no right to re	ven details are found incorrect, my registration	d I hereby could be
	Date	Signature of Candidate	

SECTION (D) - PAYMENT

Payment Amount:

146 000/= (Registration Fee)

Payment Date:

DD MM YYYY

Account Number:

780022230002966

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