

CENTRE FOR OPEN AND DISTANCE LEARNING UNIVERSITY OF JAFFNA

REGISTRATION FOR THE ADVANCED WEB DEVELOPMENT BATCH-I

Please fill this application form in "BLOCK LETTERS"

SECTION (A) - PERSONAL INFORMATION																				
1. Fu	ıll Na	me: (Rev.,	/Mr./ <i>N</i>	∕Irs./N	∕iss.)														
2. No	2. Name with Initial:																			
3. Permanent Address:																				
4. Postal Address :(If different from the above)																				
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5. District:										6. Province:										
7.Contact No:										(Residence):										
8. E-Mail:																				
9.Gender Male: Female:										10.Civil Status Married: Unmarried:										
10.Date of Birth: DD MM YYYY																				
11 N		o.																		

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.

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 Date		Signature of Candidate
SECTION (D) – PAY	MENT DETAILS	
Date of Payment:		
Amount in Figure:	10,500.00	
Amount in Words:	Ten thousand and five hundred only	

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