



# CENTRE FOR OPEN AND DISTANCE LEARNING UNIVERSITY OF JAFFNA

## APPLICATION FOR THE CERTIFICATE COURSE IN ENGLISH BATCH-IV

Please fill this application form in "BLOCK LETTERS"

SECTION (A) – PERSONAL INFORMATION

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1. Fu	ll Nan	ne: (Re	ev./Mr	:./Mrs	./Miss	.)							

2. Na	me w	ith Ini	tial:														
3. Pe	rmane	ent Ad	dress:	:										 			
4. Po	stal A	ddress	s:( If d	liffere	nt froi	n the	above	)	 					 			
5. Di:	strict:								6	ó. Prov	rince:						
7.Coi	ntact N	No (Mo	obile):						(	Reside	ence):						
8. E-	Mail:												]				
9.Ger Ma	nder ile:		Fem	ale:							vil Sta arried	Г		U	nmarr	ied:	
10.D	ate of	Birth	DI	D M	M	YYYY											
11.N	IC No:												7				

### **SECTION (B) - EDUCATIONAL QUALIFICATIONS**

#### **EDUCATIONAL QUALIFICATIONS**

• G.C.E Ordinary Level

Inde	x No:		Year:
No		Subject	Grade
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
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•	• G.C	E Advance Level	
Ind	lex No:		Year:
			1
Stre	eam:		
	1		
No		Subject	Grade
1.			
2.			
3.			
	Englis	sh	
	Gener	al Knowledge	

#### **SECTION (C) - EMPLOYMENT DETAILS Employment Status: Employed** Unemployed **Current Employment Details** Organization Position **SECTION (D) - PAYMENT** Payment Amount: 500/= Payment Date: 890042520002036 Reference number: Office Copy තැන්පතු පත | නොඩයුச්சீட்டு | Deposit Slip விஜ் இ அமை | கணக்கு இலக்கம் | Account Number දිනය | නියනි | Date මහජන මැංකුව | ගக்கள் வங்கி 890042520002036 andasi Notes doBard Leyur | Rs. egui Cts. Rigis 68 and 68 கணக்குரிரையாளின் வெயர் Name of Account Holder University of Jaffna x 5000 රිණුම් හිමියා සහර වෙනත් අයෙකු විසින් කරනු ලබන රු. 200,000/- ට වැඩි තුන්පතු සඳහා පමණක් පහත විශ්කර සම්පූර්ණ කරන්න. සොස්සුම්කංගාණකරුදු සුණු ඉක්කාන්තේණාන් ල. 200,000 මළ පුළිගෙන මාර්ගාරාලින් හැණුම්ලල්සහාද හඳුම්ලේ ශිණයලය් නියුත්තෙන ගැල්සුම් Gedward Give the following information only when a deposit of over Rs. 200,000/- is made by a person other than the Account Holder. x 2000 x 1000 co8 Gosuit Name x 500 Your Name x 200 @Book goseeff Address x 100 රකථන අංකය නොකෙරෙගම් නිස Your Address x-50. x 20 ජා හැ.ප. (චිරේෂ ශමන් බලපත් (එයදුරු බලපත් අංකය සිදු යැ.ප.) ස. කුරණි.පූ (නොදුරු සලකාල්රාල්,ණු මහා ... NIC/P.P./D.L. No. NIC No x 10 COURT BERNINGS Bjög audorlaúdaved galam uen erenureifist ereGunúu Cash Depositor's Singnature APPLICATION FEE FOR CERTIFICATE Osiqë (Grejari Total 500.00 Anyemb Purpose Your Signature COURSE IN ENGLISH நல்லது உத்தியோகழுர்வ கையோப்புத்துடன் செல்லுயடியாதும் | Valid if Overprinted or Signed by an Office යන්තු මුදු මෙම ඉරට පහලින් කිපිවත් නොලියන්න ( මුස් Ganúලිස්ලස් ස්ඛා දෙනුණ ලෙසු Gasakunia ) Do Not Write Arything 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 26**th **April 2024.** 

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