



**REGISTRATION 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. District: 5. Province:

6. Contact No: (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 Advanced Level**

Index No: Year:

Stream:

No	Subject	Grade
1.		
2.		
3.		
	English	
	General Knowledge	

SECTION (C) – EMPLOYMENT DETAILS

Employed Unemployed

Current Employment Details

Organization	Position

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.

_____ Date

_____ Signature of Candidate

SECTION (D) – PAYMENT DETAILS

Date of Payment:

Amount in Figure: 20,000.00

Amount in Words: Twenty Thousand Only

Paste Original Slip Here

PEOPLE'S BANK		තැන්පතු පත வைப்புச்சீட்டு Deposit Slip		Office Copy	
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University of Jaffna		Note රුපියල් ரூப Rs.		மதிப்பு Cts.	
Your Name		x 5000		x 5000	
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Registration Fee		Your Signature		20000.00	
Valid if Overprinted or Signed by an Officer					
Do Not Write Anything Below This Line					