



CENTRE FOR OPEN AND DISTANCE LEARNING UNIVERSITY OF JAFFNA

APPLICATION FOR THE DIPLOMA IN PROFESSIONAL ENGLISH.

Please fill this application form in "BLOCK LETTERS"

SECTION (A) - PERSONAL INFORMATION

1. Full Name: (Rev./Mr./Mrs./Miss.)

| | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | |

2. Name with Initial:

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

3. Permanent Address:

.....

.....

4. Postal Address :(If different from the above)

.....

.....

5. District:

6. Province:

7.Contact No (Mobile):

(Home):

8. E-Mail:

9.Gender

Male: Female:

10.Civil Status

Married : Unmarried:

10.Date of Birth:

11.NIC No:

SECTION (B) - EDUCATIONAL QUALIFICATIONS

EDUCATIONAL QUALIFICATIONS

- **G.C.E Ordinary Level**

| | |
|-----------|--|
| Index No: | |
|-----------|--|

| | |
|-------|--|
| Year: | |
|-------|--|

| No | Subject | Grade |
|-----|---------|-------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |
| 8. | | |
| 9. | | |
| 10. | | |

- **G.C.E Advance Level**

| | |
|-----------|--|
| Index No: | |
|-----------|--|

| | |
|-------|--|
| Year: | |
|-------|--|

| | |
|---------|--|
| Stream: | |
|---------|--|

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

SECTION (C) – EMPLOYMENT DETAILS

Employment Status:

Employed Unemployed

Current Employment Details

| Organization | Position |
|--------------|----------|
| | |

SECTION (D) - PAYMENT

Payment Amount: Payment Date:

Reference number:

PEOPLES BANK Deposit Slip Office Copy

Reference Number:

Account Number:

Date:

| Notes | Rs. | Cts. |
|--------|-----|------|
| x 5000 | | |
| x 2000 | | |
| x 1000 | | |
| x 500 | | |
| x 200 | | |
| x 100 | | |
| x 50 | | |
| x 20 | | |
| x 10 | | |
| Coins | | |
| Total | | |

Please paste the original Bank Slip

Signature of Cash Depositor:

Purpose:

Valid if Overprinted or Signed by an Officer

Do Not Write Anything Below This Line

Checked by:

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 06th March 2021.**

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