



CENTRE FOR OPEN AND DISTANCE LEARNING UNIVERSITY OF JAFFNA

APPLICATION FOR THE BASIC SINHALA FOR SCHOOL LEAVERS LEVEL-I

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:

.....

.....

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

.....

.....

5. District:

6. Province:

7.Contact No (Mobile):

(Residence):

8. E-Mail:

9.Gender

10.Civil Status

Male: Female:

Married : Unmarried:

10.Date of Birth:

11.NIC No:

SECTION (B) - EDUCATIONAL QUALIFICATIONS

EDUCATIONAL QUALIFICATIONS

- G.C.E Advance Level

Index No:	
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Year:	
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Stream:	
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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:

 PEOPLE'S BANK මහජන බැංකුව மக்கள் வங்கி		කැප්පතු පත வைப்புச்சீட்டு Deposit Slip ගිණුම් අංකය கணக்க. இலக்கம் Account Number		Office Copy දිනය திகதி Date	
		890012520002013			
ගිණුම් හිමියාගේ නම கணக்காளியின் பெயர் Name of Account Holder		University of Jaffna		බැංකු Notes	
ගිණුම් හිමියා හෝ වෙනත් අයෙකු විසින් කරනු ලබන රු. 200,000/- ට වැඩි මුදලකු තුළ පමණක් පවතින විට පමණක් මෙහිදී මෙහිදී සේවය කරයි. கணக்காளியைத் தவிர சமையாளர்/ஊர் 200,000 க்கு அதிகமாக செய்யும் வைப்புக்குக்காக வாத்தியம் பின்பும் கிழப்பனை யுட்பற்றி செய்யுது. Give the following information only when a deposit of over Rs. 200,000/- is made by a person other than the Account Holder.				රුපියල් ரூப Rs. අග අගය Cts.	
නම பெயர் Name		Your Name		x 5000 x 2000 x 1000 x 500 x 200 x 100 x 50 x 20 x 10	
ලිපිනය முகவரி Address		Your Address			
ජා.ව.අ. (විදේශ ගමන් බිමන්) / රටපුරා බලපත් අංකය தே.அ.அ. (உடலுச்சீட்டு) / சாதி அனுமதிப்பத்திர இல. NIC/P.P./D.L. No.		NIC No			
අයදුම් காரணம் Purpose		APPLICATION FEE FOR SHORT COURSE IN ENGLISH LANGUAGE FOR		බැංකු Coins මුදල Total	
		ජීවත් කරන්නන්ගේ අත්සන கணக்காளியின் கையொப்பம் Cash Depositor's Signature		500.00	
		Your Signature			
වැටුපු පිටුව හෝ පිටු අත්සන අත්සන විමසා බලන්න இயந்திர யதிக அல்லது உத்தியோகபூர்வ அமையாப்பத்திரம் செல்லுபடியாகும் Valid if Overprinted or Signed by an Officer					
මෙහි ඉටු පහලින් සිටුවීමට නොවැඩිවේ இக் கோட்டுக்குக் கீழே எதுவும் எழுத வேண்டாம் Do Not Write Anything Below This Line					
					Checked by: <input type="text"/>

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 20th December 2021.**

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