



# CENTRE FOR OPEN AND DISTANCE LEARNING UNIVERSITY OF JAFFNA

## APPLICATION FOR THE CERTIFICATE COURSE IN BASIC ICT SKILLS 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:                             |                       |       |      |          |   |      |   |  |   |              |  |                   |   |  |  |      |        |  |  |
|   |                       |       |      |          |   |      |   |  |   |              |  |                   |   |  |  |      |        |  |  |
| 3. Pe   | 3. Permanent Address: |       |      |          |   |      |   |  |   |              |  |                   |   |  |  |      |        |  |  |
| 4. Postal Address :( If different from the above) |                       |       |      |          |   |      |   |  |   |              |  |                   |   |  |  |      |        |  |  |
| 5. Di:  | District:             |       |      |          |   |      |   |  |   | 6. Province: |  |                   |   |  |  |      |        |  |  |
| 7.Contact No(i)(Mobile): (ii)(Residence):         |                       |       |      |          |   |      |   |  |   |              |  |                   |   |  |  |      |        |  |  |
| 8. E-l  | Mail:                 |       |      |          |   |      |   |  |   |              |  |                   |   |  |  |      |        |  |  |
| 9.Gender  Male: Female:                           |                       |       |      |          |   |      |   |  |   |              |  | vil Sta<br>arried | Г |  |  | Unma | rried: |  |  |
| 10.D  | ate of                | Birth | : DI | O M      | M | YYYY |   |  |   |              |  |                   |   |  |  |      |        |  |  |
| 11.N  | IC No:                |       | T    | <u> </u> | T |      | T |  | T |              |  |                   |   |  |  |      |        |  |  |

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

### **EDUCATIONAL QUALIFICATIONS**

**G.C.E Advance Level** Index No: Year: Stream: No Subject Grade 1. 2. 3. General English Common General test **SECTION (C) -EMPLOYMENT DETAILS Employment Status:** Unemployed Employed **Current Employment Details** 

Organization

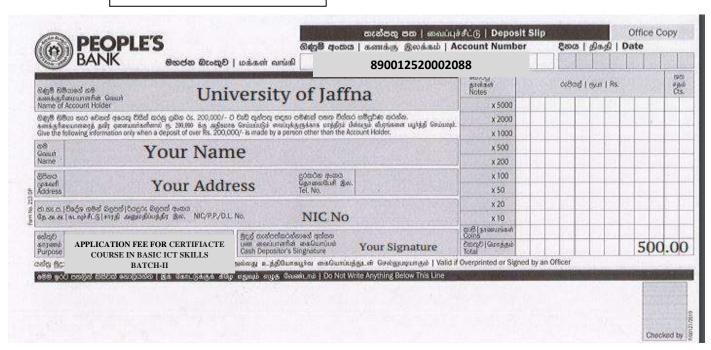
Position

#### **SECTION (D) - PAYMENT**

Payment Amount: 500/= Payment Date: DD MM YYYY

Reference number:

890012520002088



#### **Declaration of the Candidate**

I 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

Note: Applications should be sent under registered cover to following address on or before 20th August 2023.

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