

CENTRE FOR OPEN AND DISTANCE LEARNING UNIVERSITY OF JAFFNA

APPLICATION FOR THE CERTIFICATE COURSE IN HEALTH INFORMATICS

BATCH-I

Please fill this application form in "BLOCK LETTERS"

SECTION (A) - PERSONAL INFORMATION				
1. Full Name: (Rev./Mr./Mrs./Miss.)				
2. Name with Initial:				
3. Permanent Address:				
4. District:	5. Province:			
6.Contact No (Mobile):	(Residence):			
7. E-Mail:				
8.Gender	9.Civil Status			
ale: Female: Unmarried: Unmarried:				
10.Date of Birth: DD MM YYYY 11.NIC No:				
SECTION (B) – EMPLOYMENT DETAILS				
Employment Status:				
Employed Unemployed				
Current Employment Details				
Organization	Position			

SECTION (C) - PAYMENT

Payment Amount:

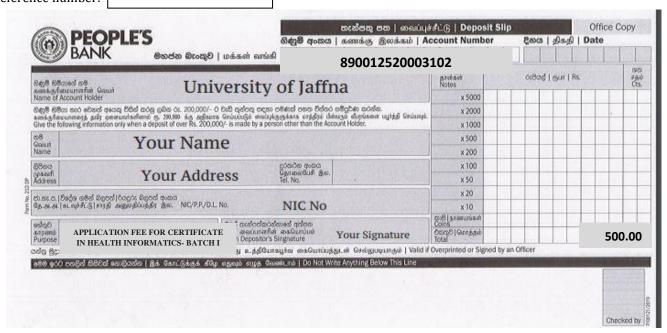
500/= (Application Fee)

Payment Date:

DD	MM	YYYY

Reference number:

890012520003102



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 18.10.2023.**

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