## 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.)

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

2. Name with Initial:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |

## 3. Permanent Address:

$\qquad$
$\qquad$

5. Province:

(Residence):

7. E-Mail:

8.Gender

Male: $\square$ Female: $\square$
9.Civil Status Married : $\square$ Unmarried: $\square$
10.Date of Birth: $\square$ 11.NIC No: $\square$

## SECTION (B) - EMPLOYMENT DETAILS

Employment Status:
Employed $\square$ Unemployed $\square$
Current Employment Details

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

* The relevant documents should be attached with the Application form


## SECTION (C) - PAYMENT



## 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.

