



REGIONAL CENTER - GALLE

OCEAN UNIVERSITY OF SRI LANKA

DOC NO: OCU/GL/AD/AF

Center Name: Galle

PASSPORT
SIZE COLOUR
PHOTO

| | |
|-----------------------|--|
| Name of Course | |
|-----------------------|--|

01. PERSONAL PARTICULARS

Full Name (BLOCK CAPITAL):

[illegible][illegible]

| | | | | | | |
|----------------|--|--|--|-------------------------|----|----|
| Date of Birth. | | | | Age at the closing date | YY | MM |
|----------------|--|--|--|-------------------------|----|----|

| | | | |
|--------------|--|--------------|------------------|
| Nationality. | | Civil Status | Single / Married |
|--------------|--|--------------|------------------|

| | | | | |
|--------------------|---------------|--|---------|--|
| Permanent Address. | | | | |
| | | | | |
| Tel | No.01(Land) | | Fax No. | |
| | No.02(Mobile) | | E mail | |

02. PERSONAL IDENTITY DOCUMENT HELD

| Document | Number | Issue Date | Expiry Date |
|----------|--------|------------|-------------|
| N.I.C | | | |
| Passport | | | |

03. FOR IN CASE OF EMERGENCY

| | | | | |
|------------------------|---------------|-----------|----------------|--|
| Parent or Guardian. | Name. | | Relationship. | |
| | Address. | | | |
| | | | | |
| | Tel No.(Land) | | Tel No.(Mobil) | |
| E mail | | Signature | | |

04. EDUCATIONAL QUALIFICATION

| 03-1. G.C.E. (O/L) | | | | 03-2. G.C.E.(A/L) | | | |
|---------------------------|--|--------------|----------------|--------------------------|--|--------------|----------------|
| School: - | | | | School: - | | | |
| Year | | Index Number | | Year | | Index Number | |
| Subject | | | Result (Grade) | Subject | | | Result (Grade) |
| 01. | | | | 01. | | | |
| 02. | | | | 02. | | | |
| 03. | | | | 03. | | | |
| 04. | | | | 04. | | | |
| 05. | | | | . | | | |
| 06. | | | | | | | |
| 07. | | | | | | | |
| 08. | | | | | | | |
| 09. | | | | | | | |
| 10. | | | | | | | |

05.EXTRA CURRICULAR ACTIVITIES:

.....

.....

.....

.....

06. NAME, POST & ADDRESS TWO NON RELATED REFEREES

| | | | |
|-----------------|--|-----------------|--|
| 01.Name | | 02.Name | |
| Post | | Post | |
| Address | | Address | |
| | | | |
| | | | |
| Tel.No.(Land) | | Tel.No.(Land) | |
| Tel.No.(Mobile) | | Tel.No.(Mobile) | |

I do hereby declare that the above particulars furnished by me are true and accurate to the best of my knowledge.

.....
Date.

.....
Signature of Applicant.

Official Use Only:

Interview Remarks

| | Name of the Interviewer | Signature |
|--|-------------------------|-----------|
| | | |
| | | |
| | | |

Special remarks.....
.....
.....

Send this application with relevant documents **including Paying –in voucher/ Bank slip** for Rs. 250.00 under registered cover to;

Assistant Director, Ocean University of Sri Lanka, Regional Center, 284A,
Galle Road, Boossa, Galle.

(**N.B.** Application fee payment can be made at all branches of **People's Bank. Account No. 214100163629909** in favor of **Vice Chancellor, Ocean University of Sri Lanka**)

.

Contacts: +94 –912268185

Paste the Payment Receipt / Bank Slip here