



University of Jaffna, Sri Lanka
Faculty of Graduate Studies

Application for Postgraduate Diploma in Teaching English as a second Language
2021/23 - (Batch III)

01. (a) Name in Full (In English) :
(In Tamil) :
Rev./Mr./Mrs./Miss. (Delete whichever inapplicable)

(b) Name with initials :

02. (a) Permanent Address :
.....

(b) Postal/Correspondence Address (If any) :
.....

(c) Telephone Number : Mobile:..... Residence :

03. (a) NIC No: (b) Date of Birth:

(c) Age :(as at 31.12.2021):- Years----- Months----- Days-----

(d) E-mail:

(e) Nationality: (f) Marital Status: Single / Married (g) Gender: Male/Female

04. Academic Qualifications: (Copy of certificate should be attached with application)

Table with 7 columns: Name of the Degree, Name of the University/Institute, Medium, Effective Date of the Degree, General / Special Subjects offered, Class obtained, Study Period (From, To)

05. Any other Qualification/s: (Copies of certificates should be attached with application)

Name of the Qualification	Name of the Institution	Medium	Effective Date	Study Period	
				From	To

06. Have you been registered for a Postgraduate Degree / Diploma /any other courses in any University/Institute? : -----

If so, give details : -----

07. (a) Present Employment : -----

(b) Official Address : -----

(c) Date of first appointment : -----

(d) Work Experience (in years) : -----

08. (a) Experience in Teaching English as a Second Language at **Primary/Secondary/Tertiary** levels (in years) : -----

(b) Name of the School/ Institution with Address: -----

(c) Whether the School/Institution is Government or private:

09. Any other relevant information : -----

I do hereby certify that the information furnished herein are true and correct to the best of my knowledge. In the event of my application being accepted for registration for the above Diploma, I am aware that I will be bound by the rules and regulations already made or that may hereafter be made governing the award of higher degrees/Diplomas of the University of Jaffna, Sri Lanka.

Date : -----

Signature of the Applicant

Recommendation of the Head of the Institution / Department

Designation : -----
(Rubber Stamp)

Date: -----

Signature of the Head of the Institution /Department

For Office Use

Application is recommended / not recommended, according to the information given by the candidate

Assistant Registrar / Graduate Studies

Date

- Note:**
- ☞ **In completed applications will be rejected**
 - ☞ **A candidate who has registered for Postgraduate Degree / Diploma in this University or any other University is not eligible to register for any other postgraduate courses.**