



CENTRE FOR OPEN AND DISTANCE LEARNING UNIVERSITY OF JAFFNA

APPLICATION FOR THE CERTIFICATE COURSE IN BASIC SINHALA FOR SCHOOL LEAVERS LEVEL-I

Please fill this application form in "BLOCK LETTERS"

SECTION (A) – PERSONAL INFORMATION

1. Full Name: (Rev./Mr./Mrs./Miss.)

2. Name with Initial:

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3. Permanent Address:

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4. Postal Address :(If different from the above)

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5. District:

6. Province:

7.Contact No (Mobile):

(Residence):

8. E-Mail:

9.Gender
Male: Female:

10.Civil Status
Married : Unmarried:

10.Date of Birth: DD MM YYYY

11.NIC No:

SECTION (B) - EDUCATIONAL QUALIFICATIONS

EDUCATIONAL QUALIFICATIONS

- G.C.E Advance Level

Index No:	
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Year:	
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Stream:	
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No	Subject	Grade
1.		
2.		
3.		
	English	
	General Knowledge	

SECTION (C) - EMPLOYMENT DETAILS

Employment Status:

Employed

Unemployed

Current Employment Details

Organization	Position

SECTION (D) - PAYMENT

Payment Amount:

Payment Date:

Reference number:

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විද්‍යාලීය නම University of Jaffna		890012520002013	
විද්‍යාලීය නම Your Name		Note: x 5000 x 2000 x 1000 x 500 x 200 x 100 x 50 x 20 x 10	
ලිපිනය Your Address		දුරකථන අංකය Tel. No.	
ජාතික හැඳුනුම්පත් අංකය NIC No.		මුදල් දායකයාගේ අත්සන Your Signature	
අයදුම් පත්‍රයේ අරමුණ APPLICATION FEE FOR CERTIFICATE COURSE IN BASIC SINHALA FOR SCHOOL LEAVERS LEVEL I		මුදල් දායකයාගේ අත්සන Cash Depositor's Signature	
වැටුප් මුදල 500.00		මුදල් දායකයාගේ අත්සන Your Signature	

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 04th June 2022.**

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