

CENTRE FOR OPEN AND DISTANCE LEARNING UNIVERSITY OF JAFFNA

REGISTRATION FOR THE CERTIFICATE COURSE IN BASIC SINHALA LANGUAGE FOR SCHOOL LEAVERS

Please fill this application form in "BLOCK LETTERS"

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SECTION (A) – PERSONAL INFORM	ATION

1. Full Name: (Rev./Mr./Mrs./Miss.)															
2. Name with Initial:															
3. Permanent Address:															
4. Postal Address :(If different from the above)															
5. District: 6. Province:															
7.Contact No: (Residence):															
8. E-Mail:															
9.Gender 10.Civil Status															
Male: Female: Unmarried: Unmarried:															
10.Date of Birth: DD MM YYYY															
11.NIC No:															

SECTION (B) - EDUCATIONAL QUALIFICATIONS

Ind	ex No:			Year:		
No		Subject		Gı	ade	
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SEC	TION (C	C) – EMPLOYMENT DETAILS				
Em	nployed	Unemployed				
Curr	ent Empl	oyment Details				
		Organization				

Declaration of the Candidate

I hereby declare 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.

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Date		Signature of Candidate
SECTION (D) – PAY	MENT DETAILS	
Date of Payment:		
Amount in Figure:	12,000.00	
Amount in Words:	Twelve Thousand Only	

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