

CENTRE FOR OPEN AND DISTANCE LEARNING UNIVERSITY OF JAFFNA

REGISTRATION FOR THE DIPLOMA IN PROFESSIONAL ENGLISH

Please fill this application form in "BLOCK LETTERS"

SECTION (A) – PERSONAL INFORMATION																			
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:																			
O. L. Maii.																			
9.Gender 10.Civil Status																			
Male: Female:								Married: Unmarried:											
10.Date of Birth: DD MM YYYY																			

11.NIC No:

SECTION (B) - EDUCATIONAL QUALIFICATIONS

Index No:				Year:				
No		Subject		G	ade			
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
	• G.C	C.E Advanced Level						
Ind	ex No:			Year:				
Str	ream:							
	1							
No		Subject		G	ade			
1.								
2.								
3.								
	English							
	English	al Knowledge						
General Knowledge								
SEC	TION (C	C) - EMPLOYMENT DETAILS						
Em	nployed	Unemployed						
Curr	Current Employment 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.

ngm to reimbolse any amount paid by me.										
 Date	Signature of Candidate									
SECTION (D) – PAYMENT DETAILS										
Date of Payment:										
Amount in Figure: 43,000.00										
Amount in Words: Forty Three Thousand Only										

Paste Original Slip Here

