



CENTRE FOR OPEN AND DISTANCE LEARNING UNIVERSITY OF JAFFNA

APPLICATION FOR THE DIPLOMA IN PROFESSIONAL ENGLISH

BATCH-IV

Please fill this application form in "BLOCK LETTERS" SECTION (A) – PERSONAL INFORMATION

1. Full Nam	e: (Rev./M	r./Mrs.,	/Miss.)												
. Name wit	th Initial:														
3. Permane	nt Address	:													
					_										
. Postal Ad	ldress :(If o	differen	it from th	e above	:)										
				•••••								 			
5. District:							(6. Prov	vince:						
'.Contact N	o (Mobile)	: [(Reside	ence):						
						<u>_</u> _									
B. E-Mail:															
Gender .		F						10.Ci	vil Sta	itus					
Male:	Fem	iale:						M	arried	l:		U	nmarı	ried:	
10.Date of	Birth: D	D MN	M YYY	Y											
			1 1								7				
11.NIC No:															

SECTION (B) - EDUCATIONAL QUALIFICATIONS

EDUCATIONAL QUALIFICATIONS

• G.C.E Ordinary Level

Inde	x No:		Year:
No		Subject	Grade
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
•	G.(C.E Advance Level	
Ind	ex No:		Year:
			1
Stre	eam:		
	ı		
No		Subject	Grade
1.			
2.			
3.			
	Engli	sh	
	Gene	ral Knowledge	

SECTION (C) - EMPLOYMENT DETAILS Employment Status: Employed Unemployed **Current Employment Details** Organization Position **SECTION (D) - PAYMENT Payment Amount:** 500/= Payment Date: 890042300001091 Reference number: Office Copy තැන්පතු පත | කෲப்புச்சீட்டு | Deposit Slip கிණුම් අංකය | கணக்கு இலக்கம் | Account Number දිනය | திகதி | Date මහජන මැංකුව | ගக்கள் வங்கி 890042300001091 doBod | our | As Rigis 68 ased 56 கணக்குரிரையாளின் வெயர் Name of Account Holder University of Jaffna x 5000 ගිණුම් ලිම්කා පතර වෙනත් අයෙකු විසින් කරනු ලබන ඊs. 200,000/- ට වාඩි පුත්පතු සඳහා පමණන් පතත විසිතර සම්පූර්ණ තරන්න සොසැල්මකාගතාහලම, ඉණු ඉකතාගේසන්ගතා ල. 20,000 සිල යුතුිකරුස Grainburgh නැණැල්ලලම්ගත් ගැඳමුවට ශ්රිකපුම නිදේශයෙන Give the following information only when a deposit of over Rs. 200,000/- is made by a person other than the Account Holder. x 2000 x 1000 x 500 Your Name x 200 x 100 Your Address x-50. x 20 ජා හැ ප. |චිදේශ සමන් බලපත් |ඊපදුරු බලපත් අංකය දිනු සැහැ | සැහැමණිර ලි (පැහැති සහසාල්වාල්ණි ලිනා ... NIC/P.P./D.L. No. NIC No x 10 cos securise මුදුල් සහම්පත්කරන්තාවේ අත්සන user නගේගැනතින් නැගිගත්ගේ Cash Depositor's Singhature APPLICATION FEE FOR DIPLOMA IN 500.00 PROFESSIONAL ENGLISH Your Signature BATCH-IV ngy உத்தியோவழர்வ வையொப்பத்துடன் செல்லுபடியாதும் | Valid if Overprinted or Signed by an Officer යන්තු සිදු මෙම ඉරට පහලින් කිපිවත් කොදිගන්න (ලිස් කොටල්සලස් ශ්රීල ලෙසලර හලුළ Growk init | Do Not Write Anything Below This Line **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.

NOTE: Applications should be sent under registered cover to the following address on or before 30th August 2024.

Assistant Registrar, Centre for Open and Distance Learning, University of Jaffna, Thirunelyely.

Date

Signature of Candidate