

CENTRE FOR OPEN AND DISTANCE LEARNING UNIVERSITY OF JAFFNA

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

Level- I

BATCH-IV

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:

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:	Married : Unmarried:
10.Date of Birth: DD MM YYYY	
11.NIC No:	

SECTION (B) - EDUCATIONAL QUALIFICATIONS

• G.C.E Ordinary Level

Year:

No	Subject	Grade
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

• G.C.E Advanced Level

Index No:

Year:

Stream:

No	Subject	Grade
1.		
2.		
3.		
	English	
	General Knowledge	

SECTION (C) – EMPLOYMENT DETAILS

Employed

Unemployed

Current Employment Details

Organization	Position

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.

Date	Signature of Candidate
SECTION (D) – PAYMENT DETAILS	
Date of Payment:	
Amount in Figure: <u>12,000.00</u>	
Amount in Words: <u>Twelve Thousand Only</u>	

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