



**CENTRE FOR OPEN AND DISTANCE LEARNING
UNIVERSITY OF JAFFNA**

**APPLICATION FOR THE CERTIFICATE COURSE IN DEVELOPING BUSINESS PLAN TO
ESTABLISH A SUCCESSFUL STARTUP
BATCH -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)

.....

.....

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:

11.NIC No:

SECTION (B) - EDUCATIONAL QUALIFICATION

- G.C.E Ordinary Level

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

SECTION (C) -EMPLOYMENT DETAILS

Employment Status:

Employed Unemployed

Current Employment Details


Organization	Position

SECTION (D) - PAYMENT

Payment Amount:

Payment Date:

Reference number:

 PEOPLE'S BANK මහජන බැංකුව மக்கள் வங்கி		කැප්පතු පත வைப்புச்சீட்டு Deposit Slip ගිණුම් අංකය கணக்கு இலக்கம் Account Number		Office Copy දිනය திகதி Date	
		890012520004050			
ගිණුම් හිමියාගේ නම கணக்குதாரரின் பெயர் Name of Account Holder		University of Jaffna		දහස ගණන් Notes	
ගිණුම් හිමියා සහ වෙනත් අයගේ විසින් කරනු ලබන රු. 200,000/- ට වැඩි මුදලකු තුළුන ලද්දක පමණක් මෙහි පිරිසිදු කිරීමේ කාර්යය සිදු කළ යුතුය. එමෙන්ම මෙහි දැන්වීමේ කාර්යය සිදු කළ යුතුය. கணக்குதாரரின் தவிர வேறு யாராவது இவ்வகை வைப்பை மேற்கொள்ளும் போது இவ்வகை படிப்பில் சேர்ப்பதை நிராகரிக்கப்படும். இவ்வகை படிப்பில் சேர்ப்பதை நிராகரிக்கப்படும். Give the following information only when a deposit of over Rs. 200,000/- is made by a person other than the Account Holder.		රුපියල් ரூப Rs.		මහජන බැංකුවේ மக்கள் வங்கியின்	
නම பெயர் Name		Your Name		x 5000 x 2000 x 1000 x 500 x 200 x 100 x 50 x 20 x 10	
ලිපිනය முகவரி Address		Your Address		දුරකථන අංකය தொலைபேசி இல. Tel. No.	
ජාතික හැඳුනුම්පත් අංකය தே.அ.அ. (வ.உ.அ.அ.) எண் National ID No.		NIC No		මුදල් நாணயங்கள் Coins මුදල செலவு Total	
අයදුම් පිණිස APPLICATION FEE FOR CERTIFICATE COURSE IN BUSINESS PLAN DEVELOPMENT FOR SUCCESSFUL STARTUP		ගිණුම් හිමියාගේ අත්සන கணக்குதாரரின் கையொப்பம் Depositor's Signature		Your Signature	
වැටුප් මුදල Amount		මෙහි මුදල මෙහි මුදල මෙහි මුදල		500.00	
මෙහි මුදල මෙහි මුදල මෙහි මුදල இது கොட்டுகக்கூடாது 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.

Date

Signature of Candidate

NOTE: Applications should be sent under registered cover to the following address **on or before 20th April 2025.**

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