



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"

	TION						RMA'	TION	I									
1. Fu	ll Nan	ne: (Ro	ev./Mı	r./Mrs	./Miss	s.)												
2. Na	ıme wi	ith Ini	tial:															_
3. Pe	rmane	ent Ad	ldress	:											 		 	
4. Po	estal A	ddres	s :(If (liffere 	nt fro	m the	above)							 			
5. Di	strict:									(6. Prov	vince:]
7.Co	ntact N	No (M	obile):							(Resido	ence):]
8. E-	Mail:																	
9.Ge	nder ale:		Fem	ale:								ivil Sta	Г		Unma	rried:]
10.D	ate of	Birth:	D	D M	M	YYYY												
11.N	IC No:													7				

SECTION (B) – EDUCATIONAL QUALIFICATION

• G.C.E Ordinary Level

Index	« No:		Year:								
No	Subject		Grade								
1.											
2.											
3.											
4.											
5.											
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7.											
8.											
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10.											
SECTION (C) -EMPLOYMENT DETAILS											
Employment Status:											
Employed Unemployed											
Current Employment Details											
	Organization		Position								

SECTION (D) - PAYMENT

Payment Amount:

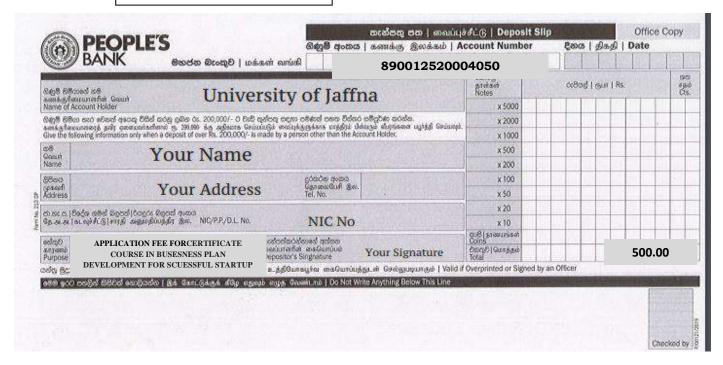
500/=

Payment Date:

DD MM YYYY

Reference number:

890012520004050



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, Thirunelyely.