



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.)

Grid for full name entry

2. Name with Initial:

Grid for name with initial entry

3. Permanent Address:

Dotted lines for permanent address entry

4. Postal Address :(If different from the above)

Dotted lines for postal address entry

5. District: [Text Box]

6. Province: [Text Box]

7.Contact No (Mobile): [Text Box]

(Residence): [Text Box]

8. E-Mail: [Text Box]

9.Gender
Male: [] Female: []

10.Civil Status
Married : [] Unmarried: []

10.Date of Birth: [DD] [MM] [YYYY]

11.NIC No: [Grid]

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

