



13. Annexures

Application form

For office use



Photo 2 X2

UNIVERSITY OF SRI JAYEWARDENEPURA

Application for

Certificate/ Advanced Certificate/ Diploma/ Higher Diploma Course in
.....(20..... – 20.....)
offered by the

DEPARTMENT OF

Course Name	
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PART A - PERSONAL INFORMATION

Name in Full (Use block capitals)	Last Name															
	Other Name/s															

Name with initials																

Address for Communication																

Permanent Address (If different from above)																

Official Address (If, employed)																

E mail Address	
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Employment/ Position	
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Telephone	Home													
	Office													
	Mobile													

Married	
Single	

Gender	M	F

Date of Birth	DD	MM	YYYY				
Age at the closing date							

NIC NO:														
Passport NO: (If relevant)														

PART B - EDUCATIONAL QUALIFICATIONS**1. EDUCATIONAL QUALIFICATIONS** (*Attach Copies of Certificates*)

1.1 GCE (O/L)

GCE (O/L) YEAR:	
Subjects	Grade
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

1.1 GCE (A/L)

GCE (A/L) YEAR:	
Subjects	Grade
1.	
2.	
3.	
4.	

2. OTHER QUALIFICATIONS (*Attach Copies of Certificates and Relevant Documents*)

Institution	Course Duration	Field of Study/ Training	Qualification
1.			
2.			
3.			

3. WORK EXPERIENCE

Organization	From	To	Position	Nature of Work
1.				
2.				
3.				
4.				



4. SELF ASSESSMENT OF LANGUAGE PROFICIENCY

4.1 Sinhala	Very good	Good	Fair	Weak
Reading				
Writing				
Conversation				

4.2 English	Very good	Good	Fair	Weak
Reading				
Writing				
Conversation				

4.3 Other	Very good	Good	Fair	Weak
Reading				
Writing				
Conversation				

5. FINANCIAL ASSISTANCE

4.3 Other	Self- Funded	Sponsored	Grant	Other (Specify)
How do you plan to finance your Diploma Course?				
If sponsored – by whom?				
If Grant, give Grant name, total amount				
If other – indicate				



Name / contact details of a parents or any other relative



**6. BRIEFLY DESCRIBE YOUR REASONS FOR WISHING TO ENROLL IN THE
..... COURSE**

(Include your personal/ career interests)

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07. GIVE NAMES AND CONTACT DETAILS OF REFEREES

1	2
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I certify that the above information is true and correct. I understand that misrepresentation in the application will cause the rejection of application or revoking acceptance for admission at any stage.

Date

Signature of Applicant

Post this application with relevant documents to:

Coordinator

Course of Study

Department of

University of Sri Jayewardenepura
Gangodawila, Nugegoda.