



(Please tick appropriate box/es 1. Name	Ja	Web Design (Saturday from 9 a.m. to 3 p.m.) Java Application Development (Sunday from 9 a.m. to 3 p.m.)					
Title	Rev.	Mr.	Mrs.	Ms.	Other		
	ic.	1411.	14113.	1415.	Other		
Name with Initials(in							
BLOCK CAPITALS)							
Name in Full(in BLOCK							
CAPITALS)							
2. Date of Birth DD MM YYYY	Age						
3. Sex							
<u></u>							
Male	ale						
4. National Identity Card Num	ber						
6. Permane	ant Addrage		Designation	and Work Place	o Addross		
o. Termano	. Permanent Address			Designation and Work Place Address			
Telephone No.			T-11N-				
Mobile No. E-mail:			Telephone No. E-mail:				
L'-man.			L-IIIaII .				
7. Education Qualifications:- I. G.C.E. Advanced Lev	rel- (Please attac	ch the certifi	ed copy of the A/I	_ certificate)			
Subject				Grade			

Note: Students with pending A/L results may also encourage to apply

-		ified copy of the O/L certific		
Subject	Grade	Subject	Grade	
8. Any other Qualification	s:-			
	nputer Course before? (If ye	es, please mention the Cours	e Title and the	
subjects)				
10. How did you get to kno appropriate box/es)	ow about the Uva Wellassa	University Certificate Cours	ses? (Please tick	
Website Banner	rs, Links Handon	uts Posters/Ba	nners	
Other (please specify)				
	DECLERA			
application for registration candidates of the University	n being accepted, I shall a	ed by me are true and correct abide by all the regulations anka. I am also aware that	governing external	
Date:		Signature		
For Office Use Only				
Payment Method:	Amount:	Date Received:	Reference:	