Course Applied For

Please fill this form in BLOCK **CAPITALS**

1. Name With Initials (Rev./ Mr./ Mrs./ Ms.)
2. Full Name
3. Postal Address

Mobile Residence

1. Contact Telephone Nos.
2. E mail Address
3. Date of Birth 7. Age as at applying date

D M Y

D M Y

Male Female

1. Gender 9. Nationality

1. NIC Number

1. **Educational Qualifications**
2. G.C.E. Ordinary Level – (Please attach a certified copy of Certificate)

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| --- | --- | --- | --- |
| **Year** | **Examination No.** | | |
| Subject | Grade | Subject | Grade |
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1. G.C.E. Advanced Level – (Please attach a certified copy of A/L Certificate) *when applicable*

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| --- | --- |
| Subject | Grade |
|  |  |
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1. Any Other Qualifications/Working Experience
2. Present Employment Details, when applicable (institute, post, employer etc.)

Yes No

1. Have you Previously applied for admission to this programme
2. Are you a currently registered or previously registered student for another course at the **Center for Open** **and Distance Learning**

Yes No

If yes, Give Details:

*(Please submit all registration details with the copies of relevant letters)*

1. Any other Relevant information that you wish to inform
2. **Declaration by the Applicant**

I do hereby certify that the above Particulars furnished by me are true and accurate to the best of my Knowledge. In the event of my application for registration being accepted, I shall abide by the rules and regulation governing external candidates of Uva Wellassa University of Sri Lanka.

**Date Signature**

**For Office Use Only**

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| **Selection Committee Recommendation** |  |

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| --- | --- |
| **Recommendation of the programme coordinator** | Recommended |
| Not Recommended |
| Date | Signature |

**Payments Details**

|  |  |  |
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| **Description** | **Date received** | **Reference** |
| **Application Fee** |  |  |
| **Course Fee** |  |  |
| **Examination Fee** |  |  |
| **Other** |  |  |

File Reference

Reg. No -