Centre For Open and Distance Learning Uva Wellassa University of Sri Lanka



Application Form for Diploma Courses

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Contact Telephone Nos. Mobile		Residence						
mail Address	S							
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Any Other Qualifications								
Present Employment Details, if any (institute,	post, employer (etc.)						
Are you a currently registered or previously refor Openand Distance Learning	gistered studen	Yes for anoth	No ner course at the Center No					
If yes, Give Details: (Please submit all registration details with the	copies of releva	nt letters)						
Any other Relevant information that you wish to inform								
my Knowledge. In the event of my application	for registration	being acce	epted, I shall abide by the					
Date	Signature							
For Office Use Only Selection Committee Recommendation								
Recommendation of the programme coordinator Date			I					
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File Reference