

I hereby certify that the above information is true and correct, I'm aware that my candidature may be cancelled if the information provided by me is found false or incorrect.

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Date

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Signature of Applicant

- Duly filled application can be sent to Director, CODL, Uva Wellassa University, Passara Road, Badulla.
- Please write the course name in the upper-left hand corner of the envelope.