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



Application Form for Diploma in Community Leadership

Course	e Applied For							
lease	fill this form ir	n Block Cai	PITALS					
1.	Name With Initials (Rev./ Mr./ Mrs./ Ms./)							
2.	Full Name							
3.	Postal Addres	S]		
4.	Contact Telephone Nos. Mobile			Residence				
5.	E mail Addres	S						
6.	Date of Birth	D M	Y	7. Age as at applying date	D M	Y		
8.	Gender	Male	Female	9. Nationality				
10.	NIC Number]				
11.	District			12. Province				

13. Educational Qualifications

(a.) G.C.E. Ordinary Level – (Please attach a certified copy of Certificate)

Year	Exa	Examination No.			
Subject	Gra	nde	Subject		Grade

(b.) G.C.E. Advanced Level – (Please attach a certified copy of A/L Certificate) *if applicable*

Subject		Grade

14.NVQ Qualification

6.Professional qualifications			
.7.Present Employment Details, if applicable (Instituti	on, Designation, Empl	oyer etc.)	
L8.Are you a Women Community Leader?	Yes	No	
9.If yes, please specify whether the sector is public so women councilor or other? (Give details)	ector, community-base	ed organization,	
-	udent of the Uva Wel	lassa University of	f Sr
	udent of the Uva Wel	lassa University of No	f Sri
anka? If yes, Give Details: (Please submit all registration details with the cop	Yes ies of relevant letters)	No	fSr
anka? If yes, Give Details: (Please submit all registration details with the cop 21.Are you a student or have registered for any othe	Yes ies of relevant letters)	No	f Sr
•	Yes ies of relevant letters) r university of higher Yes	No education No	f Sr
Lanka? If yes, Give Details: (Please submit all registration details with the cop 21.Are you a student or have registered for any othe Institution? If yes, Give Details:	Yes ies of relevant letters) r university of higher Yes ies of relevant letters) ered student for anoth	education No	f Sr
.anka? If yes, Give Details: (Please submit all registration details with the cop 21.Are you a student or have registered for any othe nstitution? If yes, Give Details: (Please submit all registration details with the cop (Please submit all registration details with the cop 22. Are you a currently registered or previously regist	Yes ies of relevant letters) r university of higher Yes ies of relevant letters) ered student for anoth	education No	f Sri

24. 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

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



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For Office Use Only					
Selection Committee Recommendation					
	_				
Recommendation of the Programme	Re	commended	Not Re	commended	
coordinator	Sig	Signature			
Payments Details					
Description		Date received		Reference	
Application Fee					
Course Fee					
Other					
File Reference					