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

12. Province

1. District

**13. Educational Qualifications**

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

|  |  |
| --- | --- |
| **Year** | **Examination No.** |
| Subject | Grade | Subject | Grade |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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

|  |  |
| --- | --- |
| Subject | Grade |
|  |  |
|  |  |
|  |  |
|  |  |

14.NVQ Qualification

15.Any Other Qualifications/working experience

16.Professional qualifications

17.Present Employment Details, if applicable (Institution, Designation, Employer etc.)

18. Are you a Women Community Leader?

Yes No

19.If yes, please specify whether the sector is public sector, community-based organization,

 women councilor or other? (Give details)

20.Are you a **student of or have been selected as a student of the Uva Wellassa University of Sri Lanka?**

Yes No

If yes, Give Details:

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

**21.Are you a student or have registered for any other university of higher education institution?**

Yes No

If yes, Give Details:

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

22. Are you a currently registered or previously registered student for another course at the **Center for Open** **and Distance Learning of the *Uva Wellassa University of Sri Lanka***

Yes No

If yes, Give Details:

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

23.Any other Relevant information that you wish to inform

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**

**For Office Use Only**

|  |  |
| --- | --- |
| **Selection Committee Recommendation** |  |
| **Recommendation of the Programme coordinator** | Recommended | Not Recommended |
| Signature |

**Payments Details**

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

File Reference