CENTRE FOR OPEN AND DISTANCE LEARNING
UNIVERSITY OF JAFFNA

APPLICATION FOR THE CERTIFICATE COURSE IN BASIC ICT SKILLS

Please fill this application form in **"BLOCK LETTERS"**

SECTION (A) – PERSONAL INFORMATION

1. Full Name: (Rev./Mr./Mrs./Miss.)

2. Name with Initial:

3. Permanent Address:

……

……

4. Postal Address :(If different from the above)

……

……

5. District: _____   6. Province: _____

7.Contact No (i)(Mobile): _____   (ii)(Residence): _____

8. E-Mail: _____

9.Gender   10.Civil Status

Male: ☐   Female: ☐   Married : ☐   Unmarried: ☐

10.Date of Birth: | DD | MM | YYYY |

11.NIC No: | | | | | | | | | | | | | |

SECTION (B) - EDUCATIONAL QUALIFICATIONS

EDUCATIONAL QUALIFICATIONS

- **G.C.E Advance Level**

Index No:		Year:	

Stream:	

No	Subject	Grade
1.		
2.		
3.		
	General English	
	Common General test	

SECTION (C) – EMPLOYMENT DETAILS

Employment Status:

Employed ☐   Unemployed ☐

Current Employment Details

Organization	Position

SECTION (D) - PAYMENT

Payment Amount: | 500/= | Payment Date: | DD | MM | YYYY |

Reference number: | 890012520002088 |

PEOPLE'S BANK

තැන්පතු පත | வைப்புச்சீட்டு | Deposit Slip   Office Copy
ගිණුම් අංකය | கணக்கு இலக்கம் | Account Number   දිනය | திகதி | Date

890012520002088

University of Jaffna

Name of Account Holder

Give the following information only when a deposit of over Rs. 200,000/- is made by a person other than the Account Holder.

Name | **Your Name**

Address | **Your Address**   Tel. No.

NIC/P.P./D.L. No. | **NIC No**

Purpose | **APPLICATION FEE FOR CERTIFIACTE COURSE IN BASIC ICT SKILLS**

Cash Depositor's Singnature | **Your Signature**

Notes		
x 5000		
x 2000		
x 1000		
x 500		
x 200		
x 100		
x 50		
x 20		
x 10		
Coins		
Total		**500.00**

Valid if Overprinted or Signed by an Officer

Do Not Write Anything Below This Line

Checked by

Declaration of the Candidate

I declare that I have read and understood the conditions and requirements for this course of study and I hereby assure that I have the minimum qualifications and if the given details are found incorrect, my registration could be cancelled by the University at any time and have no right to reimburse any amount paid by me.

_____   _____

Date   Signature of Candidate

NOTE: Applications should be sent under registered cover to the following address **on or before 22nd June 2022.**

Deputy Registrar,
Centre for Open and Distance Learning,
University of Jaffna,
Thirunelvely.