

Application	
No.	

APPLICATION FOR

Diploma course in Sinhala for Speakers of Tamil -2020 Department of Sinhala, Faculty of Humanities, University of Kelaniya.

01. Name in Full (Sinhalese/Tamil) 02. Name in Full (IN ENGLISH BLOCK LETTERS) 03. Name with Initials (IN ENGLISH BLOCK LETTERS): Rev./Ven. *Please tick Mr. Miss. Dr. Mrs. 04. Date of Birth: 05. NIC No: 06. First Language: Sinhalese English *Please tick Tamil 07. Employment: 08. Address: Personal:- (in English)

Office: (in English)		
		
10. Tel No.		
Home		
Mobile (If any)		
Woone (If any)		
Office		e-mail :
11. Educational Qu	alifications	
G.C.E.O/L -		G.C.E.A/L
Subject	Gr.	Subject Gr.
1.	5.	1.
2.	6.	2.
3. 4.	7.	3. 4.
4.	0.	
12. Other Qualifica	tions: (Diploma /Degree, etc	2)
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Branch of th	e Bank:	Date of payment:
	ove information are true and rmation provided by me four	l correct, I am aware that my candidature may be and false or incorrect.
Date:		Signature of the Applicant
Office use only,		
Recommended / No	t Recommended	
Mailing Address	Coordinator	Head of the Department
Mailing Address:-	Coordinator, Diploma course in Sinhala, Department of Sinhala, University of Kelaniya, Kelaniya.	a,