For office use:
Application Number :……..
Reg No:……
Medium : ……

The Open University of Sri Lanka

Department of Educational Leadership and Management (DELM)

Faculty of Education

The Application for the Short Course on School Management

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1. Full Name Mr/Mrs./Mis

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2. Name with Initials: …….

3. Name required for the Certificate

……

……

4. Gender : ……..

5. Date of Birth : ……

6. Private Address

……

……

7. Profession / Designation: …….

8. Official Address …….

……

9. National Identity Card Number: ……..

10 Contact Numbers:

Telephone : ……. Mobile: ……..

E-mail:…….

11. Highest Educational Qualification: ……

University/ Institution: ……

12. Expected medium of study: ……

I certify that the particulars given above are true and accurate according to my knowledge.

Signature: …….. Date: …….