WAYAMBA UNIVERSITY OF SRI LANKA
Department of Computing and Information Systems
Faculty of Applied Sciences

Application for Diploma in Software Engineering - 2020

[A]

Full Name:

Name with Initials:

Rev/Mr/Ms

Postal Address:

Contact Numbers:

Home:

Mobile:

Office:

E-mail:

Gender: | Male | | Female |

Date of Birth (DD/MM/YYYY):

National Identity Card No:

[3]

Results of G.C.E. (Advanced Level) Examination:

Year: | | Index Number: |

	Subjects	Grade
1		
2		
3		
4		

Results of G.C.E. (Ordinary Level) Examination:

Year: | | Index Number: |

	Subject	Grade		Subject	Grade
1			6		
2			7		
3			8		
4			9		
5			10		

Other IT related Educational Qualifications (If Any):

	Qualification	Institute	Duration
1			
2			
3			
4			
5			

Occupational Details (If Any):

Designation:	
Organization:	
Designation:	
Organization:	

IT related experiences:

Declaration:

I declare that the particulars given in this application are accurate to the best of my knowledge and I am aware that the Wayamba University of Sri Lanka reserves the rights to alter or withdraw any offer made on incorrect information furnished by me.

Date:		Signature:	