

Application for B.Sc Online Degree Program Rajarata University of Sri Lanka

Academic Year 2016

Please complete this form clearly, preferably in BLACK ink and CAPITAL letters, providing as much information as possible. Send this form and required documents to Assistant Registrar, Centre for Distance and Continuing Education, Rajarata University of Sri Lanka, Mihintale **BEFORE 16th December 2016.**

Attach photo taken
within the past 3 months
(Approx. size:
1"x 2")

Personal Information

| 1. Full Name in English (Same as Birth Certificate) (Rev/M | | | | /Miss) | | 2 | 2. NIC N | lo. | |
|--|------------------------|------------|----------|------------|----------|---|----------|-------|---|
| 3. Citizenship Country | 4.Gender | 5.Date of | Birth | 6.Place o | f Living | | 7.Occup | ation | |
| | □Male □Female | (mm/dd | /yy) | | | | | | |
| 8. Course Applied | | 9. Mai | ling Add | Iress | | | | | |
| □ Biological Science | | (Street a | address) | | | | | | |
| □ Physical Science | | (City) | | | | | | | |
| | | (Provin | ce/ | | | | | | |
| | | State) | | | | | | | |
| 10.Telephone number: | | | 11. Fax | number: | | | | | |
| 12.Official | | | 13.Offi | cial Phone | Number: | | | | |
| Address (Street | | | | | | | | | |
| address) (City) | | | | | | | | | |
| (Province/State) | | | | | | | | | |
| (Country) | | | | | | | | | |
| 14. E-mail Address: Please | draw a line through th | e zero (Ø) | | | | | | | |
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| Educational Information (| Schools Attended) | | | | | | | | _ |

| Name of School/ | Dates Attended (mm/yymm/yy) | | | |
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| as much information | | | |
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| GCE O/L Year: | | | | | |
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| GCF A/I Year | | | | | |
| Subje | Grade | | | | |
| Emergency Contact | | | | | |
| Name Mr./Ms | | Relationshi | p | | |
| NIC No. | | - | | | |
| Telephone No | | E-mail | | | |
| Address | | | | | |
| | | | | | |
| Computer Literacy | | | | | |
| Working Knowledge in Basic Computer Operations | | □Excellent | \Box Good | □Average | □Poor |
| Working Knowledge in Office Packages(Word/PowerPoint etc) | | □Excellent | \Box Good | □Average | □Poor |
| Working knowledge in internet | | □Excellent | \Box Good | □Average | □Poor |
| Working knowledge in any other online learning system | | | □Yes | \square No | |
| Additional Needs If you have any health problem or addition | nal needs arising | from disability, pl | lease write in | the following box | |
| | | | | | |
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Applicant's Signature______Date (mm/dd/yy)_____

Post to Assistant Registrar, Centre for Distance and Continuing Education, Rajarata University of Sri Lanka, Mihintale on or before the closing date under Registered mail, along with a money order for the Application processing fee of Rs.1000/-.