

Serial No:

(Please refer Instruction/Information Sheet issued along with this application form)

UNIVERSITY OF COLOMBO – FACULTY OF EDUCATION

**POST GRADUATE DIPLOMA IN EDUCATION (TEACHING OF ENGLISH AS A SECOND LANGUAGE)
2018/2019**

The selection of teachers from Government Schools, Private Schools and Pirivenas to follow the above course. Duration of the course is **one year (Full Time)**.

APPLICATION FORM

1. Special qualifications which applicant possesses to follow the course:

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2. (a). Full Name: (Rev./Mr./Ms.)

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.....

(b). Name with initials:

3. Address:

(a). Official :

Telephone No :

(b). Private :

Telephone No : Residence: Mobile:

4. Nationality :

5. Date of Birth : Day MonthYear

Age as at 31.07.2018: Years Months

6. Universities where applicant was educated (in order):

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7. (a). First Degree :

University :

Year :

(b). Subjects offered for the Degree:

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b. Medium of University Education :

8. Are you registered for a Post Graduate degree or any other Course at this University or at any other University: If so, give details:

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9. (a). Present post, name and address of school/pirivena:

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(b). Date of assumption of duties in the present post:

10. Teaching Experience : Years Months

Period	Name of Institution	Subjects taught	Grades	Medium
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11. Details of any special courses followed and/or publications, if any:

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12. Other particulars which applicant wishes to adduce in addition to the foregoing, in support of his/her application:

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13. Applicant's certificate (to be signed before the Head of the Institution).

I certify that the foregoing particulars are true and accurate.

Date:

.....

Applicant's Signature

14. Certificate of the Head of the Institution:

I certify that the applicant, Rev./Mr./Ms. is a teacher serving in this school/pirivena and that he/she placed his/her signature before me.

Date:

.....

Signature

Name and address of the Head of the Institution: (Please place official seal)

15. The Manager's Statement: (This statement should be authenticated by placing the Manager's official seal). In the case of teachers in government service, this statement should be signed by the Zonal/Provincial Director/Secretary, Ministry of Education.

I agree to release Rev./Mr./Ms. on full pay leave for one year to enable him/her to follow the Postgraduate Diploma in Education Teaching of English as a Second Language (Internal Full-Time) Course conducted by the Faculty of Education, University of Colombo, if selected.

Date:

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Signature

Name and address of Manager/Zonal/Provincial Director/Secretary, Ministry of Education.

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(Please place official seal)