

South Eastern University of Sri Lanka Centre for External Degrees and Professional Learning Tel. / Fax: +94 67 2052801

Application for English Courses - 2018 / 2019																
Diploma in Engli	sh															
Certificate in English																
01. PERSONAL D	ATA															
Status	Rev.	Mr.	Mrs.	M	iss											
Name in full																
(use block letters)																
Name with Initials																
Permanent Address																
Address for Communication																
E-mail Address															 	
Telephone					-	Mol	oile									
NIC No						Civ	il St	atus						Sex	Male Femal	
Date of Da Birth	te N	Ionth	Year				s at t			Da	ys	N	Mon	ths	Year	rs
DS Division																
District Province Nationality																

02. EDUCATIONAL QUALIFICATIONS:

(a) G.C.E. (O/L) Examination (attach copy of certificates)

No	Subjects	Grade	No	Subjects	Gı
01			06		
02			07		
03			08		
04			09		
05			10		
No.	Year & Month of the			·	o:Grade/Marks
01		Subjects			Grade/ Warks
02					
03					
03					
05	General English				
06	Common General To	est			
	Λαστι	egate Marks/Z Sco	ore		
	Aggi				
3. PR	OFESSIONAL QUAI	LIFICATIONS AN		ERIENCE (if need	ed only)
3. PR	-	LIFICATIONS AN		ERIENCE (if need	ed only)
3. PR	-	LIFICATIONS AN		ERIENCE (if need	ed only)
3. PR	-	LIFICATIONS AN		ERIENCE (if need	ed only)
3. PR	-	LIFICATIONS AN		ERIENCE (if need	ed only)

Amount Rs:	Date of Payment:
Name of the Bank: People's Bank	Branch:
Affix the PI	V here
DECLARATION	
he following documents are annexed with th	e application. Please tick(\lor) the cages
i. Photocopy of GCE A/L or O/L results or Profess	sional Qualifications
ii. Pay- In Voucher (PIV) endorsed by the People's E	
iii. Photocopy of National Identity Card (Certified)	

cause the rejection or revoking acceptance	ce for admission at any stage.
Date:	Signature of Applicant
06. ATTESTATION	
I certify that the above applicant who is a	a past pupil / teacher of my school / an officer in
my office /known to me personally place	ed his/her signature above in my presence today.
Date:	
	Signature of the Attester
Name, Designation & Address	
Note:	(Official Stamp)
, , ,	documents must be handed over / mailed under Address before the closing date (30.10.2018):
Assistant Registrar Center for External Degree and P South Eastern University of Sri I University Park Oluvil # 32360	O

I certify that the above information is true and correct. In the event of my application for

registration being accepted, I shall abide by all the regulations governing to the external

candidates of the university. I also understand that misrepresentation in the application will

For Office use only

Status of the Application