Application No.	

APPLICATION FOR
Diploma course in Sinhala for Speakers of Tamil -2019
Department of Sinhala, Faculty of Humanities,
University of Kelaniya.

01. Name in Full (Sinhalese/Tamil)

02. Name in Full (IN ENGLISH BLOCK LETTERS)

03. Name with Initials (IN ENGLISH BLOCK LETTERS):

Rev./Ven.		Dr.		Mr.		Mrs.		Miss.	

*Please tick

04. Date of Birth:

05. NIC No:

06. First Language: Sinhalese ☐ Tamil ☐ English ☐ *Please tick

07. Employment:

08. Address:

Personal:- (in English)

Office: (in English)

10. Tel No.

Home											
Mobile *(If any)*											

Office										

e-mail :

11. Educational Qualifications

G.C.E.O/L -			
Subject	Gr.		
1.		5.	
2.		6.	
3.		7.	
4.		8.	

G.C.E.A/L	
Subject	Gr.
1.	
2.	
3.	
4.	

12. Other Qualifications: (Diploma /Degree, etc)

13. If your application is a downloaded one, the bank receipt issued upon the payment of Rs.750.00 should be attached to it.

……. ….……..

Branch of the Bank: Date of payment:

I certify that the above information are true and correct, I am aware that my candidature may be cancelled if the information provided by me found false or incorrect.

..……

Date: …….. Signature of the Applicant

Office use only,

Recommended / Not Recommended

.....

Head of the Department

Mailing Address:- Coordinator,
Diploma course in Sinhala,
Department of Sinhala,
University of Kelaniya,
Kelaniya.