

| Application |  |
|-------------|--|
| No.         |  |

## APPLICATION FOR

## Diploma course in Sinhala for Speakers of Tamil - 2023 Department of Sinhala, Faculty of Humanities,

University of Kelaniya.

| 01. Name in Full (Sinhales | e/Tamii)   |  |
|----------------------------|--|--|
|                            |  |  |
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|                            |  |  |
| 02. Name in Full (IN ENG   | LISH 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: Sinha  | ese Tamil English *Please tick                   |  |
| 07. Employment:            |  |  |
| 08. Address:               |  |  |
| Personal:- (in English)    |  |  |
|                            |  |  |
|                            | <del>                                     </del> |  |

| Office: (in English)                         |   |                            |           |                  |          |         |        |        |  |
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|  |   |                            |           |                  |          |         |        |        |  |
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|  |   |                            |           |                  |          |         |        |        |  |
| 10. Tel No.                                  |   |                            |           |                  |          |         |        |        |  |
| Home   |   |                            |           |                  |          |         |        |        |  |
| Mobile (If any)                              |   |                            | -         |                  |          |         |        |        |  |
| Moone (IJ any)                               |   |                            |           |                  |          |         |        |        |  |
| Office                                       |   | e-m                        | ail :     |                  |          |         |        |        |  |
| 11. Educational Qua                          | lifications                                     |                            |           |                  |          |         |        |        |  |
| G.C.E.O/L -                                  |   |                            |           | [                | G.C.E.   | A/L     |        |        |  |
| Subject                                      | Gr.   |                            |           |                  | Subjec   |         |        | Gr.    |  |
| 1.   | 5.  |                            |           |                  | 1.       |         |        |        |  |
| 2.   | 6.  |                            |           |                  | 2.       |         |        |        |  |
| 3.<br>4.                                     | 7.  |                            |           |                  | 3.<br>4. |         |        |        |  |
| 4.   | 0.  |                            |           | [                | 4.       |         |        |        |  |
| 12. Other Qualificat                         | ions: (Diploma /I                               | Degree, etc)               |           |                  |          |         |        |        |  |
| 13. If your application Rs.750.00 should     | on is a downloaded be attached to i             |                            | nk receip | t issued         | upon th  | ne payn | nent o | f      |  |
|  |   |                            |           |                  |          |         |        |        |  |
| Branch of the                                | Bank:   |                            | Date of   | Date of payment: |          |         |        |        |  |
| I certify that the abocancelled if the infor |   |                            |           |                  |          | zandio  | lature | may be |  |
|  |   |                            |           |                  |          |         |        |        |  |
| Date:  | Sig   | Signature of the Applicant |           |                  |          |         |        |        |  |
|  |   |                            |           |                  |          |         |        |        |  |
| Office use only,                             |   |                            |           |                  |          |         |        |        |  |
| Recommended / Not                            | Recommended                                     |                            |           |                  |          |         |        |        |  |
| Mailing Address:-                            | e in Sinhala,                                   | I                          | Head of   | the Dep          |          |         |        |        |  |
|  | Department of K<br>University of K<br>Kelaniya. |                            |           |                  |          |         |        |        |  |