



CENTRE FOR OPEN AND DISTANCE LEARNING UNIVERSITY OF JAFFNA

APPLICATION FOR THE CERTIFICATE COURSE IN FAMILY HEALTH

BATCH -I

Please fill this application form in "BLOCK LETTERS"

SECTION (A) - PERSONAL INFORMATION

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1. Full Name: (Rev./Mr./Mrs./Miss.)																		
2. Name with Initial:																		
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	strict:		obile):							ó. Prov	vince:			 				•
8. E-Mail:																		
9.Ge Ma	nder ale:		Fem	ale:							vil Sta	г		U	nmar	ried:		
10.Date of Birth: DD MM YYYY																		
11 N	IC No:												7					

SECTION (B) – EDUCATIONAL QUALIFICATION

• G.C.E Ordinary Level

Index No:			Year:						
No	Subject		Grade						
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
If any other relevant qualifications an equivalent for G.C.E (O/L) OR Completion of NVQ 3									
SECTION (C) – EMPLOYMENT DETAILS Employment Status:									
Employed Unemployed									
Current Employment Details									
Organization Position									

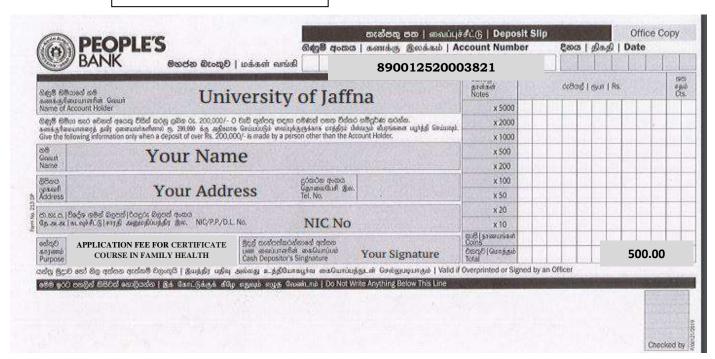
❖ The relevant documents should be attached with the Application form

SECTION (D) - PAYMENT

Payment Amount: 500/= Payment Date: DD MM YYYY

Reference number:

890012520003821



Declaration of the Candidate

I declare hereby that I have read and understood the conditions and requirements for this course of study and I hereby assure that I have the minimum qualifications and if the given details are found incorrect, my registration could be cancelled by the University at any time and have no right to reimburse any amount paid by me.

Date Signature of Candidate

NOTE: Applications should be sent under registered cover to the following address **on or before 21**st **December 2024.**

Assistant Registrar, Centre for Open and Distance Learning, University of Jaffna, Thirunelyely.