Centre For Open and Distance Learning Uva Wellassa University of Sri Lanka



Application Form for Diploma in Tourism Management

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Full Na	ime					
Postal	Address	S				
Contac	t Telep	hone Nos.	Mobile			
E mail	Address	5				
. Date o	f Birth	D M	Υ		7. Age as at applying date D	М Ү
Gende	r	Male	Female		9. Nationality	
0. NIC Nu 1. Distric	NIC Number District				12. Province	
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15.Any Other Qualifications/working experience		
16.Professional qualifications		
17.Present Employment Details, if applicable (Institution, De	esignation, Employ	er etc.)
18. Are you a Women Community Leader?	Yes	No
19.If yes, please specify whether the sector is public sector, women councilor or other? (Give details)	community-based	organization,
20. Are you a student of or have been selected as a student Lanka?	of the Uva Wellas	ssa University of Sri
	165	110
If yes, Give Details: (Please submit all registration details with the copies of	ŕ	ucation
institution?	Yes	No
If yes, Give Details:(Please submit all registration details with the copies of	relevant letters)	
22. Are you a currently registered or previously registered s Center for Open and Distance Learning of the Uva Well		
	Yes	No
If yes, Give Details:		
(Please submit all registration details with the copies of	relevant letters)	
23.Any other Relevant information that you wish to inform		
24.Declaration by the Applicant		
I do hereby certify that the above Particulars furnished least of my Knowledge. In the event of my application for abide by the rules and regulation governing external car Sri Lanka.	r registration bein	g accepted, I shall

Date Signature

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For Office Use Only					
Selection Committee Recommendation					
Recommendation of the Programme coordinator		Recommended Not Recommend		commended	
		Signature			
Payments Details					
Description		Date received		Reference	
Application Fee					
Course Fee					
Other					

File Reference