

For office use only

Application Number:.....

Reg. No:



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இலங்கைத் திறந்த பல்கலைக்கழகம்
THE OPEN UNIVERSITY OF SRI LANKA

Workshop on the Autism Spectrum Disorder in Children and Adolescents

Conducted by the Department of Special Needs Education,

Faculty of Education

Facilitates and Organized by CNODES-OUSL

Personal Details

1. Full Name

Mr./Ms.....
.....
.....

2. Name to be mentioned in the Certificate (සහතික පත්‍රයට ඇතුළත් කිරීමට අවශ්‍ය නම
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3. Home Address

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4. National Identity Card Number (or Passport Number)

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5. Date of Birth :

6. Sex :

7. Tel. No. :

Home:.....

Mobile:

8. Medium :

9. Designation :

10. Work Place (Address)
:.....
.....

11. E-mail Address :

Academic Qualifications

GCE O/L's A/L's or any other Higher Qualification/s:

GCE (O/L):
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GCE (A/L): if available
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Any other:
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Bank payment: Bank payment must be done on account number

174100280347378, Peoples Bank Nugegoda Branch

and Bank receipt must be in favour of Bursar, The Open University of Sri Lanka

Name of the Bank and number of the Bank Receipt for payment of course fee (Rs. 2,000.00) for the workshop must be filled below.

Name of the Bank paid :

Number of the Bank Receipt:

Attached a copy of the receipt to this application form: Yes (Tick off)

Note: Send /bring your **duly filled application form to the Kandy Regional Centre** of the Open University, between **March 03rd to 20th, 2023** and addresses of the Kandy regional centre is given below.

Mr. Anushka Bandara
Assistant Director
Polgolla, Kandy
adkan@ou.ac.lk
081-2494083

Signature:.....

Date :.....