**auto0**

For office use only

Application Number:………………….

Reg. No: ………………………..

**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 ඇතුලත් කිරීමට අවශ්‍ය නම පැහැදිලිව ලියන්න.)………………………………………………………………………………………………………………………………………………………………………………….
3. Home Address

………………………………………………………………………………………………………………………………………………………………………………………………

1. National Identity Card Number (or Passport Number)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

1. Date of Birth :……………………………………………………………
2. Sex :……………………………………………………………
3. Tel. No. :

Home:………………………………. Mobile: ……………………………

1. Medium : ……………………………………………………………
2. Designation :…………………………………………………………….
3. Work Place (Address) :…………………………………………………………………………………………………………………………………………………………………………………………..
4. E-mail Address :……………………………………………………………

**Academic Qualifications**

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

GCE (O/L): ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… ……………..

GCE (A/L): if available

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… ……………..

Any other:

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… ……………..

Name of the Bank and number of the Bank Receipt for payment of course fee **(Rs. 2000.00)** for the workshop: Bank Receipt must be **in favor of Bursar, The Open University of Sri Lanka**

Name of the Bank:………………………………………………………………………………

Number of the Bank Receipt: …………………………………………………………………..

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

Note: Send your **duly filled application form to the nearest Regional Centre** of the Open University, to your home **on or before September 18-25, 2022** and Addresses are given below.

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*Assistant Director*

*No. 18/1, Bandaranayake Mw, Badulla*

*adbad@ou.ac.lk*

*055-3012151/ 055-2228842*

Signature:…………………………… Date :………………………..