

Colombo Regional Centre-The Open University of Sri Lanka

Date: Saturday

Medium: English

APPLICATION FORM

Fill the application in full with clear BLOCK CAPITAL LETTERS. Completed application has to be returned to the Colombo Regional Centre.

A: PROGRAMME- Short Course in	anagement BA	гсн по:	
B: PERSONAL DETAILS-			
B1. Title Mr. Mrs.	Ms.	Rev.	
B2. N.I.C. No	B3. Date of Bir	th (DD/MM/YYYY)	B4.Age
			Y E A R S
B5. Initials			
B6. Last Name			
B7. Name Denoted by Initials			
B8. Permanent Address			
B9. Gender: Male Fe	emale		
B10: Telephone No:			
Home	Wo	rk	Mobile
		_	
B11: E-mail Address (If Any)			



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C: EDUCATIONAL QUALI	FICATIO	ONS:			
C1: GCE Ordinary Level-	Year:				
1.		6.			
2.		7.			
3.		8.			
4.		9.			
5.		10.			
C2: GCE Advanced Level-	Year:				
1.		3.			
2.		4.			
I hereby declare that the infanowledge.	ormation	given above i	Date:	arate to the best of my]
Signature of Applicant				(DD/MM/YYYY)	J
D: OFFICE USE ONLY:					
1. Two Copies of Photograph	:-	Yes	No		
2. Paid Amount	: - Rs				
3. Paid Date	:				
4. Copy of N.I.C.	:-	Yes	No		
Date:					
			Signa	ture of Checking Clerk	
Documents Re-Checked					
Registration Approved /Not	Approve	d			
Date:					
			Signa	ature of Assistant Director	