



UNIVERSITY OF JAFFNA – SRI LANKA
NEW ADMISSIONS – 2007/2008
REGISTRATION FORM

Course of Study:

1.

Name (with Initials) Mr./ Miss/ Mrs.

Names denoted by Initials:

Write your Full Name in

Tamil:

Sinhala:

English:

National Identity Card No

2.

Permanent Address:

Telephone: **E mail**

3

GCE A/L Index No	Year	Attempt	Z-Score
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

GCE A/L Subjects	Grade	Medium
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

4

Date of Birth:	Citizenship	Age:	Sex:	Religion	Civil Status
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

5

Payment	Amount	Date of Payment	Name of Peoples Bank Branch
Registration Fee	Rs. 150/-	<input type="text"/>	<input type="text"/>
Medical Fee	Rs. 100/	<input type="text"/>	<input type="text"/>
Laboratory Deposit	Rs. 300/	<input type="text"/>	<input type="text"/>
Hand Book Fee	Rs. 65/	<input type="text"/>	<input type="text"/>
Student Guide Book	Rs. 10/	<input type="text"/>	<input type="text"/>
Total	Rs.	<input type="text"/>	<input type="text"/>

6.

The Subject to be offered in the First Year	1. 2. 3..
<input type="text"/>	<input type="text"/>

7.

Are you employed?	Designation	Date of First Appointment	Place of Employment

8.

Are you receiving Scholarship/Bursary/Bank Lone	Name of Award	Date of Award	Annual Amount

9

Name, Address & Telephone No. of the Parent/ Guardian

10. Declaration

I certify that all the Particulars given by me in this form are true and accurate. I am also aware that if any particulars given by me in this application are found to be false or inaccurate prior to my admission, my application will be rejected and that if such information is found to be false or inaccurate after my admission I will be dismissed from the Higher Educational Institution concerned.

I am aware that the original documents submitted by me pertaining to this registration will not be returned until the completion of the course of study.

If I gain employment/any change in the address during the period of course of study, I will inform to the Asst. Registrar /Examinations & Admissions Branch.

.....
Date

.....
Signature of Student

11. Attestation

I hereby certify that this applicant, who is known to me personally, has disclosed all information relevant to this application correctly and that he/she signed this application in my presence.

Name of the Justice of the Peace:

.....
Signature of the Justice of the Peace
Date:

Official stamp of the Justice of the Peace

For Official Use	Remarks:	Subject clerk's signature	
		Asst. Registrar's Signature	