

## University of Jaffna, Sri Lanka Faculty of Graduate Studies

## Application for Postgraduate Diploma in Teaching English as a second Language 2021/23 - (Batch III)

01.	(a)	Name in Full	(In English)	:	
			(In Tamil)	:	
			Rev./Mr./Mrs./Mi	SS.	(Delete whichever inapplicable)
	(b)	Name with init	tials	:	
02.	(a)	Permanent Ado	dress	:	
	(b)	Postal/Corresp	ondence Address (I	f any	7):::
	(c)	Telephone Nur	mber	: M	Iobile: Residence:
03.	(a)	NIC No:			(b) Date of Birth:
	(c)	Age :( as at31.	12.2021):- Years		- Months Days
	(d)	E-mail:			
	(e)	Nationality:		(f) I	Marital Status: Single / Married (g) Gender: Male/Female
04.	Aca	demic Qualifica	ations: (Copy of cer	tifica	ate should be attached with application)

Name of the Degree	Name of the University/Institute	Medium	Effective Date of the Degree	General / Special Subjects offered	Class obtained	Study From	Period To

05. Any other Qualification/s: (Copies of certificates should be attached with application)

Study Period

Name of the

	Name of the		Name of the Institution		Medium	Effective Date	Study Period			
	(	Qualification					From	То		
			<u> </u>					<u> </u>		
06.	Hav	ve you been registe	ered for a Postgra	aduate Degree	e / Diploma /a	any other courses in	n any			
		versity/Institute?		_	-		•			
		o, give details								
	11 50	o, give details								
07.	(a)	Present Employn	nent							
07.	` ′		nent							
	(D)	Official Address		:						
	(c)	Date of first appo	ointment	:						
	(d)	Work Experience	e (in years)	:						
08.	(a)	Experience in Te	aching English a	s a Second La	anguage at <b>P</b> ı	rimary/Secondary	/Tertiary			
		levels (in years)	)	:						
	(b)	Name of the Sch	ool/ Institution w	ith Address:						
	(c)	Whether the Sch	ool/Institution is	Government	or private:		•••••	•••••		
09.	Any	y other relevant in	formation	:						
	I do hereby certify that the information furnished herein are true and correct to the best of my									
	knowledge. In the event of my application being accepted for registration for the above Diploma,									
			•		-	already made or th niversity of Jaffna, i	•	eafter be		
	mul	ie governing ine a	wara oj nigner a	egrees/Dipio	тиѕ ој те ОТ	uversuy oj Jujjnu, i	эн шинки.			
	Dat	e :								
					Signatu	re of the Applicant				

Recommendation of the Head of the Institution	on / Department
Designation:(Rubber Stamp)	
Date:	Signature of the Head of the Institution /Department
or Office Use	
Application is recommended / not recommen	ded, according to the information given by the candidate
Assistant Registrar / Graduate Studies	Date

- - A candidate who has registered for Postgraduate Degree / Diploma in this University or any other University is not eligible to register for any other postgraduate courses.