 ***No:*....................**

**Closing Date: 18.10.2024**

**Faculty of Arts
University of Jaffna – Sri Lanka**

**Application for Postgraduate Diploma in Education
Part Time Course – (2024 -2026)**

1. **(a) Name in Full (In English) :**

 **(In Tamil) :**

 **Rev./Mr./Mrs./Miss : -----------------------------------------------------------**

 **(b) Name with initials :**

**02) (a) Permanent Address :**

 **(b) Postal/Correspondence Address :**

 **(c) Mobile Number (compulsory) :**

 **(d) E.mail address (compulsory) :**

**03) a) NIC No: - (b) Date of Birth:**

 **(c) Age as at 18.10.2024 : (d) Citizenship:**

 **(e) Civil Status: (f) Gender:**

**04) (a) Academic Qualifications**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Degree** | **Name of the University** | **Effective Date of the Degree** | **Subjects offered** | **Class obtained** | **Years of study** |
| **From** | **To** |
|  |  |  |  |  |  |  |

 **(b) Any other Educational/Professional Qualifications
 (if necessary please attached separate sheet)**

P.T.O

**05. Have you registered for a Postgraduate Degree or a Diploma or any other Examination in this or in any other University? :
 If so, give full details :**

**06. (a) Present /Most recent Designation :
(b) Official Address :
(c) Date of first appointment :
(d) Work Experience (in years) :
(e) Service Record**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of the Institution** | **Date of Appointment** | **Designation** | **Year****From To** |
|  |  |  |  |  |

 **07. Any other relevant information :**

**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 Degree, I am aware that I will be bound by the rules and regulations already made or that may hereafter be made governing the award of higher degrees of the University of Jaffna, Sri Lanka.**

**Date:**

 **Signature of the Applicant**

**Recommendation of the Head of the Institution/ Principal**

**I recommend /do not recommend this application.**

**Name:**

**Designation:**

**Date:**
 **Signature of the Head Institution /Principal**

 **(Rubber stamp)**

***For Office Use***

**Application is accepted**/**not accepted**

 **............................................. ........................................
Deputy Registrar/Faculty of Arts Date**