

No:



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

**Application for Higher Diploma in Physical Education
Academic Year - 2020/2021**

Part Time

Full Time

01). (a) Name in Full (In English) :
(In Tamil) :
Rev./Mr./Mrs. (Delete whichever inapplicable)

(b) Name with initials :

02). (a) Permanent Address :
.....

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

(c) Telephone Number (if any) :

03).(a) NIC No: (b) Date of Birth:

(c) Citizenship:..... (d) Civil Status: (e) Sex:

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 in separate)

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 (School 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.

Designation: -----
(Rubber Stamp)

Date: -----

Signature of the Head of the Institution

For Office Use

Application is recommended /not recommended

.....
DR/Admission Branch

.....
Date

Note: ☞ Incomplete applications will be rejected without any intimation.