



Registration Form

**University of Jaffna
Admissions Branch**

Course : Post Graduate Diploma in Education - (Full Time) 2019

1. Name in Full (In English) : Mr/ Mrs/ Miss

(In Tamil) : திரு/திருமதி/செல்வி

Sex :

Civil Status :

Religion :

Date of Birth :

Nationality :

National Identity Card No :

Occupation :

Official Address :

Correspondence Address :

Permanent Address : (If different)

Telephone Number :

E-Mail Address :

2. Educational Qualification :

University	Degree	Registration No & Subject	Effective Date	Class

3. Employment :

(Please List in chronological order with current / most recent employer first)

Date (From / To)	Name and address of the employer	Official Address and Distance from University	Position held & Duties

4. Payment		
Details	Amount paid	Date of Payment
Registration Fee	750.00	
Course Fee	10,000.00	
Library Deposit Fee	500.00	
Library Fee	750.00	
Total Payment	12,000.00	

5. Any other particulars :

6. Applicant's Declaration:

I do hereby certify that the information I have furnished above are true and correct to the best of my knowledge. In the event of my application for registration being accepted for the Degree, I am aware that I will be bound by the rules and regulations already made.

.....

Date Signature

For Office Use:

Date of receipt:

Remarks if any :

.....

Date Signature