

Closing Date:22.01.2021



No:.....

Faculty of Arts  
University of Jaffna – Sri Lanka

**Application for Post Graduate Diploma in Education  
Part Time Course - 2020/2022**

- 01). (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 2021.01.22: ----- (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)

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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 : .....

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*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**