



University of Jaffna, Sri Lanka

PERSONAL DATA OF STUDENTS

Student Admission for the Academic Year 2016/2017

- Name of the Course of Study

- Faculty

- Registration No

1. NAME

i. Tittle Rev. Mr. Mrs. Miss
(Others please specify)

ii. Last Name or Surname of the Applicant

iii. Name with initials

iv. Full Name

2. ADDRESS

i. Permanent Address

iv. Telephone No

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v Name and the telephone no of the person to be informed in case of an Emergency

DECLARATION

I declare that I shall abide by the Statutes, By Laws, Regulations and rules of the University of Jaffna so far as they are applicable to me, pay due respect to the Teachers, Officers and other employees, of the University of Jaffna and conduct myself in a manner which will in no way be prejudicial to the good name of the University. I am also aware that if I fail to adhere to the terms of the declaration, I will be liable to expel from the University of Jaffna or for other disciplinary action.

I hereby declare that I agree to accept and conduct myself according to the laws in the “Prohibition of Ragging and other forms of Violence” in Educational Institutions Act No. 20 of 1998. In addition, I shall at all times refrain from encouraging such undesirable activities,

Further, I declare that the particulars given in this application are true and correct to the best of my knowledge. I am aware that the University has the right to cancel my registration if any information given above is found to be incorrect.

.....

Date

Signature of the Student

I hereby certify that this applicant, who is known to me personally, has enclosed all information relevant to this registration form correctly and that he/she signed this application in my presence.

Name of the Applicant:

National Identity Card No of the applicant:

Signature of the applicant:

Name of the Justice of Peace/ Commissioner for Oaths/Principal of the School of the applicant:

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Signature of the Justice of Peace/Commissioner for Oaths/Principal of the school:

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Official Stamp of the Justice of Peace/Commissioner for Oaths/Principal of the applicant:

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Date:

Place: