



UNIVERSITY OF VAVUNIYA, SRI LANKA
Centre for Distance and Continuing Education
Certificate in Sign Language – 2025 /2026
APPLICATION FOR ADMISSION

Fill all the blanks in BLOCK LETTERS

PERSONAL DATA

1. NAME IN FULL:
(Underline the Last Name)
2. NAME WITH INITIALS:
.....
3. CONTACT ADDRESS
.....
.....
4. OFFICIAL ADDRESS
(If official address defers
from contact address)
5. HOME ADDRESS:
(If home address defers from
contact address)
6. TELEPHONE HOME
(Compulsory) OFFICE
MOBILE
(Compulsory)
7. E-MAIL
8. DATE OF BIRTH DATE..... MONTH..... YEAR.....

9. GENDER

MALE

☐

FEMALE

☐

10. NIC NO

.....

11. EDUCATIONAL QUALIFICATIONS

a. SCHOOL EDUCATION. (Submit Certified Copies)

No.	Subjects	Grade	Year	Index Number
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

12. ANY OTHER QUALIFICATIONS

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I certify that the above particulars given by me are true and accurate to the best of my knowledge and I am prepared to abide by the rules and regulations of the University of Vavuniya, Sri Lanka.

Date:.....

Signature of Applicant:.....

FOR OFFICE USE ONLY

Academic Qualifications	
Other experience	
Whether Qualified for the Programme	
Recommendation	