



UNIVERSITY OF VAVUNIYA, SRI LANKA

Centre for Distance and Continuing Education

CERTIFICATE COURSE IN BASIC SINHALA FOR BEGINNERS - 2025

APPLICATION FOR ADMISSION

Fill all the blanks in BLOCK LETTERS

PERSONAL DATA

1. NAME IN FULL:
(Underline the Last Name)
2. NAME WITH INITIALS:
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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
7. E-MAIL
(Compulsory)

8. DATE OF BIRTH DATE..... MONTH..... YEAR.....

9. NIC NO

10. EDUCATIONAL QUALIFICATIONS

a. SCHOOL EDUCATION . (Submit Certified Copies)

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

11. 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	