

CENTRE FOR OPEN AND DISTANCE LEARNING UNIVERSITY OF JAFFNA

APPLICATION FOR THE DIPLOMA IN COUNSELLING

Please fill this application form in "BLOCK LETTERS"

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10.Γ	ate of	Birth	: D	D M	M	YYYY										
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SECTION (B) - EDUCATIONAL QUALIFICATIONS

EDUCATIONAL QUALIFICATION

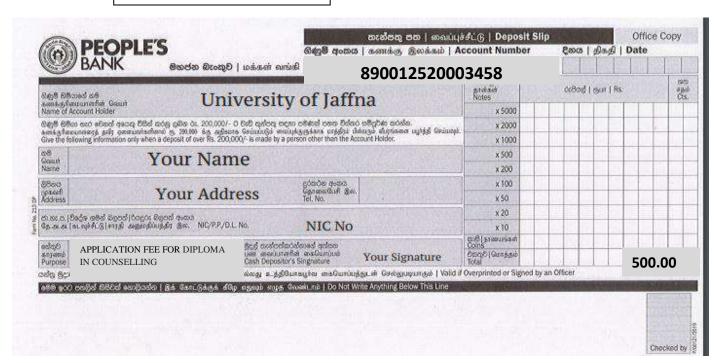
•	G.C.E Advance Level		
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	English		
	General Knowledge		
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SEC"	TION (C) – OTHER QUALIFICATIONS (IF ANY)	e application form.	
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SECTION (D) - PAYMENT

Payment Amount: 500/= Payment Date: DD MM YYYY

Account Number:

890012520003458



Declaration of the Candidate

I declare hereby that I have read and understood the conditions and requirements for this course of study and I hereby assure that I have the minimum qualifications and if the given details are found incorrect, my registration could be cancelled by the University at any time and have no right to reimburse any amount paid by me.

Date	Signature of Candidate

NOTE: Applications should be sent under registered cover to the following address **on or before 31th March 2024.**

Assistant Registrar, Centre for Open and Distance Learning, University of Jaffna, Thirunelvely.

DOCUMENTS SUBMITTED WITH THIS APPLICATION

- Certified Copies Of The Degree / Diploma Certificate
- Certified Copies Of The A/L And O/L Certificates
- Certified Copies Of The Birth Certificate
- Certified Copies Of The National Identity Card