

Department of Instrumentation and Automation Technology
Faculty of Technology| University of Colombo

Application Form
Certificate Course Program

Course Applied For

Please fill this form in **BLOCK CAPITALS**

1. Name With Initials (Rev./ Mr./ Mrs./ Ms./)

2. Full Name

3. Postal Address

4. Contact Telephone Nos.

Mobile

Residence

5. Email Address

6. Date of Birth

D

M

Y

7. Age

D

M

Y

8. Gender

Male

Female

9. Nationality

10. NIC Number

11. **Educational Qualifications** (*NOT MANDATORY for the course admission*)

(a.) G.C.E. Ordinary Level – (Please attach a certified copy of the Certificate)

Year	Examination No.		
Subject	Grade	Subject	Grade

(b.) G.C.E. Advanced Level – (Please attach a certified copy of the A/L Certificate)

Subject	Grade

12. Any Other Qualifications/working experience

13. Present Employment Details, if applicable (Institution, Designation, Employer etc.)

14. Any other relevant information that you wish to inform.

15. **Declaration by the Applicant**

I do hereby certify that the above Particulars furnished by me are true and accurate to the best of my Knowledge. In the event of my application for registration is accepted, I shall abide by the rules and regulations governing external candidates of the University of Colombo, Sri Lanka.

Date

Signature

For Office Use Only

Selection Committee Recommendation	Recommended	Not Recommended

Payments Details

Description	Date received	Reference
Course Fee		
Other		