

SOUTH EASTERN UNIVERSITY OF SRI LANKA <u>CENTRE FOR EXTERNAL DEGREES AND PROFFESSIONAL LEARNING</u> Tel. / Fax: +94 67 2052801

Application	for R	egis	 strat	tion	for	Ext	ern	al D	 egr	ee I	rog	ram		 - - 2	 016	/ 2 0	17				
Application for Registration for External Degree Programme - 2016 / 2017 Bachelor of Business Administration (General)														Affix here Stamp Size Color Photo							
Bachelor of	Comn	ıercı	e (G	ener	al)																
Please give y	our pr	efere	ence	by p	utt	ing .	A fo	r 1st	and	B fo	or 2nd	d pre	efere	ence							
01. PERSONA	L DA	TA															l				
Status		Re	ev.	M	r.	M	rs.	M	iss]											
Name in full																					
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Name with In	itials																				
Permanent																					
Address																					_
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Telephone —	Fax											bile	;								
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Birth											date				-						
Province																I				I	T
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Nationality																	1		ĺ		1

02. EDUCATIONAL QUALIFICATIONS:

G.C.E. (A/L) Examination (attach copies of certificates)

No.	Subjects Grade / Marks							
01								
02								
03								
04	General English							
05	Common General Test							
	A	Aggregate Ma	arks / Z Score					
. PR	OFESSIONAL Q Institution	QUALIFICATION Period	ΓΙΟΝS / EXAMINATION (atta	1	pies of certifi			
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		Period	Field of Study / Training	1				
	Institution	Period	Field of Study / Training	1				
	Institution	Period	Field of Study / Training	Qu	alification			

05. APPLICATION PROCESSING FEES (Rs. 1,500.00) Date of Payment:.... Amount Rs:.... Name of the Bank: People's Bank Branch:.... Affix the PIV here 06. DECLARATION The following documents are annexed with the application. Pleas tick (X) the cages. i. Photocopy of the Birth Certificate. ii. Photocopy of the A/L results / Other Qualifications. iii. Three copies of recent colour photograph of new passport size. PIV endorsed by the People's Bank. v. Photocopy of National Identity Card (Certified) vi. Printed Envelops (2) and Post Card (1) (Self-addressed and stamped to the market value) vii. Affidavit, if there is a different in the name.

the university. I also understand the revoking acceptance for admission	-	ation in the application will cause the rejection or					
Date:							
01. ATTESTATION		Signature of Applicant					
•	•	personally and placed his / her signature above in Department/ Any other executive officers / Grama					
Date:		Signature of Attester					
	Name						
	Designation						
	Address						
		Official Stamp					
Note:							
Dully filled application with releva to the following address on or befo		ust be handed over / mailed under registered cover					
Assistant Registraı							
Centre for Externa	l Degrees and F	Professional Learning (CEDPL)					
South Eastern Uni	versity of Sri La	nka					
University Park,							
Oluvil, # 32360							
	For office	use only					
Educational Qualification (veri	fied with origina	ls)					
2. Selected for admission:							
3. If not selected, reason:4. Remarks:							
4. KUHAIKS.							
Assistant Registrar CEDPL for Registrar		Date					

I do hereby affirm that the above information is true and correct. In the event of my application for registration being accepted, I shall abide by all the regulations governing to the external candidates of