



**SOUTH EASTERN UNIVERSITY OF SRI LANKA
CENTRE FOR EXTERNAL DEGREES AND PROFESSIONAL LEARNING**

Tel./Fax: +94 67 2052801

**APPLICATION FOR REGISTRATION TO THE BACHELOR OF
ARTS (GENERAL) EXTERNAL DEGREE PROGRAMME 2015/2016**

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01. PERSONAL DATA

Status	Rev.	Mr.	Mrs.	Miss.
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Name in full (use block letters)																						

Name with In initials																						

Permanent Address																						

Official Address																						

Postal Address																						

E-mail Address																					
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Telephone	Home													
	Fax													

Office													
Mobile													

NIC No														
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Civil Status					
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Sex	Male/Female
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Date of Birth	Date			
	Month			
	Year			

Age as at 30 th Sept 2016	Days			
	Months			
	Years			

Province														
District														
DS Division														
Nationality														

02. EDUCATIONAL QUALIFICATIONS:

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

Year & Month of the Examination:.....

Index No:.....

No.	Subjects	Grade / Marks
01		
02		
03		
04		
05	General English	
06	Common General Test	
Aggregate Marks / Z Score		

03. PROFESSIONAL QUALIFICATIONS / EXAMINATION (attach copies of certificates)

Institution	Period	Field of Study / Training	Qualification	Year

04. ANY OTHER QUALIFICATIONS (IF ANY)

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05. APPLICATION PROCESSING FEES (Rs. 1,500.00)

Amount Rs:.....

Date of Payment:.....

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.
- iv. Photo affixing sheet duly certified.
- v. PIV endorsed by the People's Bank.
- vi. Photocopy of National Identity Card (Certified)
- vii. Printed Envelops (2) and Post Card (1) (Self-addressed and stamped to the market value)
- viii. Affidavit, if there is a different in the name.

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 the university. I also understand that misrepresentation in the application will cause the rejection or revoking acceptance for admission at any stage.

Date:.....

Signature of Applicant

07. ATTESTATION

I certify that the above candidate who is a past pupil / teacher of my school / an officer in my office / known to me personally placed his / her signature above in my presence today. (School Principal/Head of the Department/ Any other executive officers / Grama Niladhari / Justice of Peace)

Date:.....

Signature of Attester

Name:.....

Designation:.....

Address:.....

Official Stamp

Note:

Dully filled application with relevant documents must be handed over / mailed under registered cover to the following address **on or before 30th September 2016.**

Assistant Registrar

Centre for External Degrees and Professional Learning
South Eastern University of Sri Lanka
University Park, Oluvil.

For office use only

1. Educational Qualification (verified with originals)
2. Selected for admission:
3. If not selected, reason:
4. Remarks:

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Assistant Registrar

Date

CEDPL