



Application for Professional Diploma in Counselling – 2026 / 2027

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Color Photo*

01. PERSONAL DATA

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

Name with Initials																			

Permanent Address																			

Address for Communication																			

E-mail Address	
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Mobile										
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WhatsApp										
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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 the Closing date	Days	Months	Years

DS Division																			
District																			
Province																			
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 AND EXPERIENCE (Related only)

04. APPLICATION FEES

Amount Rs:.....

Date of Payment:.....

Name of the Bank: **People's Bank**

Branch:.....

Affix the PIV here

05. DECLARATION

The following documents are annexed with the application. Please tick(✓) the cages

- | | |
|---|--------------------------|
| i. Photocopy of the Birth Certificate | <input type="checkbox"/> |
| ii. Photocopy of GCE A/L | <input type="checkbox"/> |
| iii. Three copies of recent colour Photograph of new passport size..... | <input type="checkbox"/> |
| iv. Pay- In Voucher (PIV) endorsed by the People's Bank | <input type="checkbox"/> |
| v. Photocopy of National Identity Card (Certified) | <input type="checkbox"/> |
| vi. Affidavit, if there is a difference in the name | <input type="checkbox"/> |

I certify 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

06. ATTESTATION

I certify that the above applicant 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.

Date:

.....

Signature of the Attester

Name, Designation & Address

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.....

.....

(Official Stamp)

Note:

Duly filled application with relevant documents must be handed over / mailed under registered cover to **reach the following Address before the closing date (13.03.2026):**

**Deputy Registrar
Center for External Degree and Professional Learning
South Eastern University of Sri Lanka
University Park
Oluvil # 32360**

For Office use only

Status of the Application