

GCE O/L Year:	
Subject	Grade

GCE A / L Year:	
Subject	Grade

Parent Information

Father's Name _____

Mother's Name _____

Emergency Contact

Name Mr. / Ms. _____ Relationship _____

NIC No. _____ Occupation _____

Telephone No. _____ E-mail _____

Address _____

Computer Literacy	
Working Knowledge in Basic Computer Operations	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor
Working Knowledge in Office Packages (Word/PowerPoint etc)	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor
Working knowledge in internet	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor
Working knowledge in any other online learning system	<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Needs

If you have any health problem or additional needs arising from disability, please write in the following box.

Applicant's Signature _____ Date (mm/dd/yy) _____

Post to the Assistant Registrar, Centre for Distance and Continuing Education, Rajarata University of Sri Lanka, Mihintale on or before the closing date under the Registered mail, along with a payment slip to the value of Rs. 1500.00 drawn in favour of the Rajarata University of Sri Lanka, Bank of Ceylon, Mihintale Branch, Account No.0009622238, (Payment could be made at the any Bank of Ceylon Branch)