

DEPARTMENT OF INSURANCE & VALUATION

FACULTY OF BUSINESS STUDIES & FINANCE WAYAMBA UNIVERSITY OF SRI LANKA KULIYAPITIYA

Application for Admission to the Diploma in Insurance intake VII

1.	Name in Full: Mr./M									
2.	Name with Initials:									
3.	Residential address:			Offic	cial Ad	ldress				••
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					•••••	•••••			•••••	••
	Tel:							•••••	•••••	••
	E-mail:				•••••		•••••	••••••		••
4.	National Identity Ca	rd Number]
5.	Date of Birth: Day		Month				Y	ear []
5.	Marital Status:	Single		Marr	ried					
7.	Educational Qualific	ations (Attach	photocopi	es of	f certif	ïcates)				
Ī	Qualification	School/ Institute		Y	ear		Particulars			
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Professional Qualif	Professional Qualifications (Attach photocopies of certificates)									
Institution	Period	Qualification	Mo	onth & Year						
Work Experience(A	Attach service certi	ficates)								
<u> </u>	Period of Service	·	Position he	ld Mont						
Organization	Teriod of Service	Nature of Work	1 OSITION ITC.	id William						
. Competency in Eng	glish									
T 11 .	7 .									
Excellent	Good		Average							
How do you pay yo	our course fees?									
Privately	Sponsor	rad								
Tilvately	Sponson	icu								
. If sponsored, by wh	nom?									
. Select the preferred	l Location	Kurunegala								
		Colombo								
misrepresentation	in Application wil	tion is true and call cause rejection of incomplete application	application or	revoking of						
Signature of Applic			Date							
			D uic							
Mail this application	on to:									
Mrs.Y.R.N.D Yapa										
Administrative Coordin Diploma in Insurance Faculty of Business Stu Wayamba University of Kuliyapitiya.	udies & Finance									

Contact Derails 071-3939357

Email: nilanka6.yapa@gmail.com

Web: http://bsf.wyb.ac.lk



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