



ARABIC AND ISLAMIC CIVILIZATION UNIT
FACULTY OF ARTS
UNIVERSITY OF COLOMBO

CERTIFICATE COURSE IN COMMUCATIVE ARABIC

for office use

1. Name with initials: Mr. /Ms./Mrs.:.....

.....

2. Address:.....

.....

3. N.I.C No: 4. Date of Birth:.....

5. Telephone office: 6. Mobile:.....

7. Email.....

8. Employment status:.....

9. Educational Qualifications:

I.....

II.....

III.....

10. Professional Qualifications if any:

I.....

II.....

11. Language Proficiency: 1. Very good 2. Good 3. Average

Sinhala:	Tamil:	English:
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12. Application Fee: Banka branch..... Date:.....

(Please attach the receipt)

I certify that all particulars given in this application are true and correct for best of my knowledge.

Date:

.....
Signature of the Applicant

Recommendation:

.....
.....

Date:.....

.....
Signature
Head of the Institution