



UNIVERSITY OF JAFFNA – SRI LANKA APPLICATION FORM

Diploma in Micro Finance

Academic Year 2020 / 2021

1.	Full Name with Initials: Rev/Mr/Miss/Mrs:				
2.	Names Denoted by Initials:				
3.	National Identity Card No:				
4.	Date of Birth: (DD / MM / YYYY)				
5.	Age on 31.12.2019 Years:				
6.	Permanent Address:				
7.	Telephone No:				
8.	Email Address:				
9.	District:				
10.	10. Sex:				
11. G.C.E (A/L) Index No: Year:					
	Subjects Grade				
(Certified copy of the G.C.E A/L Results Sheet should be attached with this application)					
12.	12. Z score:				
13.	13. Eligibility for University Admission Yes / No				

14. APPLICANT'S DECLERATION

I certify that all the particulars given by me in this form are true and accurate. I am also				
aware that if any particulars given by me in this application are found to be false or				
inaccurate prior to my admission, my application will be rejected and that if such				
information is found to be false or inaccurate after my admission I will be dismissed				
from the Higher Educational institution concerned.				

ture of the Applicant
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• Annex the payment slip with the application form.

FOR OFFICE USE:

Checked By:	
Certified By:	
Remarks:	