Application No:

Date of Issue:

***For Office Use***

**University of Colombo, Sri Lanka**

**Faculty of Education**

**POSTGRADUATE DIPLOMA IN COUNSELING – 2017**

**APPLICATION FORM**

1. Name in Full: Rev./Mrs./Miss/Mr/Dr: .......................................................................

...........................................................................................................................

1. Name with initials: ................................................... Date of Birth: …………..………...

(a) Civil Status: Unmarried/ Married/ Separated/ Divorce/ Partner living abroad

(b) No. of Children (if married) with ages: ……………………………………………………………………….

1. Permanent Address: …………………………………………………………………………………………………………….

………………………………………………………………………………………………………………………………………………..

Telephone No: ………………………………… …….

1. Address for Correspondence: …………………………………………………………………….…………………………

………………………………………………………………………………………………………………………………………………..

Contact Telephone No: ………………………………… …….

1. Academic Qualifications:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Degree & Other Certificates | University/ Institution | Class | Year | Subjects | Medium |
|  |  |  |  |  |  |

1. Employment Record

(a) Present Post: ……………………………………………………………………………………………………..

(b) Official Address: ………………………………………………………………………………………………..

………………………………………………………………………………………………..

1. Previous posts held: From To

(i) ……………………………………………………. ……………… ………………..

(ii) ……………………………………………………. ……………… ………………..

1. Description of Duties: ………………………………………………………………………………………………………..…

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1. Proficiency in English: Very good Poor

Fair Very Poor

1. Describe briefly why you are interested in this Diploma Programme:

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..……

1. Any other relevant information

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

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1. Names and Addresses of two Referees:

i. .…………………………………………………….. … ii. .……………………………………………………

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…………………………………………………………. …………………………………………………….

I certify that the information provided above is true and accurate to the best of my knowledge and I am prepared to abide by the rules and regulations governing the registration and award of Diplomas of the University of Colombo.

Date: …………………………. …………………………………..

Signature of Applicant

***For Official Purpose***

**Admitted/Not admitted**