



(Please refer Instruction/Information Sheet issued along with this application form)

UNIVERSITY OF COLOMBO – FACULTY OF EDUCATION

**POST GRADUATE DIPLOMA IN EDUCATION (TEACHING OF ENGLISH AS A SECOND LANGUAGE)
2017/2018**

The selection of teachers from Government Schools, Private Schools and Pirivenas to follow the above course. Duration of the course is **one year (Full Time)**.

APPLICATION FORM

- 1. Special qualifications which applicant possesses to follow the course:
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.....
- 2. (a). Full Name: (Rev./Mr./Ms.).....
.....
(b). Name with initials:
- 3. Address:
(a). Official :
.....
Telephone No :
(b). Private :
.....
Telephone No: Residence: Mobile:
- 4. Nationality :
- 5. Date of Birth : Day MonthYear
Age as at 31.12.2016: Years Months
- 6. Universities where applicant was educated (in order):
.....
.....
- 7. (a). First Degree :
University :

Year :

(b). Subjects offered for the Degree:

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

Medium of University Education :

8. Are you registered for a Post Graduate degree or any other Course at this University or at any other University: If so, give details:

.....
.....

9. (a). Present post, name and address of school/pirivena:

.....
.....

(b). Date of assumption of duties in the present post:

10. Teaching Experience: Years Months

Period	Name of Institution	Subjects taught	Grades	Medium
.....
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.....
.....

11. Details of any special courses followed and/or publications, if any:

.....

12. Other particulars which applicant wishes to adduce in addition to the foregoing, in support of his/her application:.....

.....

13. Applicant's certificate (to be signed before the Head of the Institution).

I certify that the foregoing particulars are true and accurate.

Date:

.....
Applicant's Signature

14. Certificate of the Head of the Institution:

I certify that the applicant, Rev/Mr./Ms. is a teacher serving in this school/pirivena and that he/she placed his/her signature before me.

Date:

.....
Signature

Name and address of the Head of the Institution: (Please place official seal)

15. The Manager's Statement: (This statement should be authenticated by placing the Manager's official seal). In the case of teachers in government service, this statement should be signed by the Zonal/Provincial Director/Secretary, Ministry of Education.

I agree to release Rev./Mr./Ms. on full pay leave for one year to enable him/her to follow the Postgraduate Diploma in Education Teaching of English as a Second Language (Internal Full-Time) Course conducted by the Faculty of Education, University of Colombo, if selected.

Date:

.....
Signature

Name and address of Manager/Zonal/Provincial Director/Secretary, Ministry of Education.

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(Please place official seal)