

For Office Use

Application No:

Date of Issue:

University of Colombo, Sri Lanka
Faculty of Education

POSTGRADUATE DIPLOMA IN COUNSELING – 2017
APPLICATION FORM

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

2. Name with initials: Date of Birth:
(a) Civil Status: Unmarried/ Married/ Separated/ Divorce/ Partner living abroad
(b) No. of Children (if married) with ages:

3. Permanent Address:

Telephone No:

4. Address for Correspondence:

Contact Telephone No:

5. Academic Qualifications:

Degree & Other Certificates	University/ Institution	Class	Year	Subjects	Medium

6. Employment Record

(a) Present Post:

(b) Official Address:

(c) Previous posts held: From To

(i)

(ii)

7. Description of Duties:

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8. Proficiency in English: Very good Poor

Fair Very Poor

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

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10. Any other relevant information

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11. 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:

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Signature of Applicant

For Official Purpose

Admitted/Not admitted