

G.C.E. (O/L) Year :	
Subject	Grade

G.C.E. (A / L) Year :	
Subject	Grade

17. Emergency Contact

Name Mr. / Ms. _____ Relationship _____
 NIC No. _____ Occupation _____
 Telephone No. _____ E-mail _____
 Address _____

18. Computer Literacy				
Working Knowledge in Basic Computer Operations	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
Working Knowledge in Office Packages (Word/PowerPoint etc.)	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
Working knowledge in internet	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
Working knowledge in any other online learning system	<input type="checkbox"/> Yes		<input type="checkbox"/> No	

Additional Needs

If you have any health problem or additional needs arising from disability, please write in the following box.

Applicant's Signature _____ Date (mm/dd/yy) _____

Post to the Deputy Registrar, Centre for Distance and Continuing Education, Rajarata University of Sri Lanka, Bulankulama Disa Mawatha, Stage II, Anuradhapura on or before the closing date under the Registered mail, along with a payment slip to the value of Rs. 2000.00 drawn in favour of the Rajarata University of Sri Lanka, Bank of Ceylon, Mihintale Branch, Account No.0009622238, (Payment could be made at the any Branch of Bank of Ceylon).