



For office use:
Application Number :.....
Reg No:.....
Medium :

The Open University of Sri Lanka
Department of Secondary & Tertiary Education
Faculty of Education

The Application for the Short Course on Research Methodology

- 1. Full Name Mr/Mrs./Miss
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- 2. Name with Initials:
- 3. Name required for the Certificate
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.....
- 4. Gender :
- 5. Date of Birth :
- 6. Private Address
.....
.....
- 7. Profession / Designation :
- 8. Official Address (If any)
-
- 9. National Identity Card Number :
- 10 Contact Numbers :
Telephone : Mobile:
- E-mail:.....
- 11. Highest Educational Qualification:
- University/ Institution:
- 12. Expected medium of study :

I certify that the particulars given above are true and accurate according to my knowledge.

Signature :

Date: