



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

The Open University of Sri Lanka
Department of Educational Leadership and Management-DELM
Faculty of Education

The Application for the Capacity Development Programme for SLEAS Officers

1. Full Name Mr/Mrs./Mis

.....

2. Name with Initials:

3. Name required for the Certificate

.....

4. Gender :

5. Date of Birth :

6. Private Address

.....

7. Profession / Designation:

8. Official Address

9. National Identity Card Number:

10 Contact Numbers:

Telephone : Mobile:

E-mail:.....

11. Highest Educational Qualification:

University/ Institution:

12. Expected Medium of Study (Please put “✓”)

Sinhala and English

Tamil and English

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

Signature:

Date: