

**Application Form for German Recognition for Sri Lankan Nurses – Short Course through CERC of the OUSL**

**THE OPEN UNIVERSITY OF SRI LANKA**

**For Office use only**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Student Registration No: | Division Code | Course Code | Year | Student No | C |

**Section A: To be Completed by the Student:**

|  |  |
| --- | --- |
| 1. Name with Initials
 | Rev/Ms./ Mr. |
| 1. Full Name
 |  |
| 1. Permanent Address
 |  |
| 1. Date of Birth

DD/MM/YY |  | 1. Gender
 |  Male/ Female  |
| 1. NIC No: / Passport No:
 |  |
| 1. Telephone Numbers
 | Residence: | Mobile: |
| 1. Nationality
 |  | 1. Currently Registered Student of OUSL
 | Yes/ No |
| 1. Email Address
 |  |
| 1. Occupation & Workplace(if any)
 |  |
| 1. Contact Details of Workplace
 | Address: | Tel: No: |

**Declaration:**

By submitting this application, I declare that the information I have provided is accurate. While I am studying at the Open University of Sri Lanka, I agree to abide by the University’s rules and regulations, including those regarding academic integrity, personal conduct, and behavior.

………………………………………

Signature

……………………………

Date

**Section B: To be Completed by the OUSL Department/ Division**

|  |  |
| --- | --- |
| Name & Designation of OUSL Officer |  |
| Officer’s Signature  |  | Date |  |