Colombo Regional Centre-The Open University of Sri Lanka
APPLICATION FORM

Short Courses in Korean Language

Fill the application in full, using clear BLOCK CAPITAL LETTERS.
Completed application has to be returned to the Colombo Regional Centre.

A: PROGRAMME- Short Course in Korean Language

A1: COURSE

☐ **Basic Level** ☐ **Intermediate Level** (Please attach a copy of the Basic Level certificate, if you have completed it)

A2: PREFERRED MODE OF STUDY

☐ **Online** ☐ **Onsite**

B: PERSONAL DETAILS-

B1. Title Mr. ☐ **Mrs.** ☐ **Ms.** ☐ **Rev.** ☐

B2. N.I.C. No **B3. Date of Birth (DD/MM/YYYY)** **B4.Age**

YEARS

B5. Initials

B6. Last Name

B7. Name Denoted by Initials

B8. Permanent Address

B9. Gender: **Male** ☐ **Female** ☐

B10: Telephone No:

Home **Work** **Mobile**

Colombo Regional Centre-The Open University of Sri Lanka

B11: GMail Address (This must be a GMail address from Google. A Gmail is MANDATORY TO FOLLOW PROGRAMME) (Example: nhdesilva@gmail.com) :

C: EDUCATIONAL QUALIFICATIONS:

C1: GCE Ordinary Level- **Year:** ☐☐☐☐☐

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

2.
3.
4.
5.

C2: GCE Advanced Level- **Year:** ☐☐☐☐☐

1.	3.
2.	4.

I hereby declare that the information given above is true and accurate to the best of my knowledge.

…….. **Date:** ☐☐☐☐☐☐☐☐

Signature of Applicant **(DD/MM/YYYY)**

D: OFFICE USE ONLY:

1. Two Copies of Photograph : - ☐ Yes No ☐

2. Paid Amount : - Rs ……

3. Paid Date : - ……

4. Copy of N.I.C. : - ☐ Yes No ☐

Date:-…… …….....
Signature of Checking Clerk

Documents Re-Checked

Registration Approved /Not Approved

Date:-…… …….....

Signature of Assistant Director