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| For Office Use   |  |
| Application No:  |  |
| Registration No: |  |
| 2023/CCPL/.....  |  |

**UNIVERSITY OF COLOMBO, SRI LANKA**  
**FACULTY OF LAW**  
**DEPARTMENT OF COMMERCIAL LAW**  
**CERTIFICATE COURSE IN PATENT LAW – 2023 (ONLINE MODE)**  
**APPLICATION FOR ADMISSION**

**Instructions for Applicants**

- All sections in this application must be completed fully and accurately. Incomplete applications will not be accepted.
- Please attach certified copies of educational certificates and service certificates for adequate proof of academic/professional career.
- Proof of the non-refundable deposit should be sent along with this application.

**1. Personal Details**

|             |                                                           |
|-------------|-----------------------------------------------------------|
| <b>Name</b> | (Please use block letters)                                |
|             | a. Name in Full: (Rev./Mr./Ms.) Click here to enter text. |
|             | b. Name with Initials: Click here to enter text.          |

|                                          |                                                                                                               |              |             |
|------------------------------------------|---------------------------------------------------------------------------------------------------------------|--------------|-------------|
| <b>Date of birth</b>                     | <b>Date</b>                                                                                                   | <b>Month</b> | <b>Year</b> |
|                                          |                                                                                                               |              |             |
| <b>Country</b>                           |                                                                                                               |              |             |
| <b>National ID No./<br/>Passport No.</b> | Click here to enter text.                                                                                     |              |             |
| <b>Sex</b>                               | Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose <input type="checkbox"/> |              |             |

Recent  
Photograph

## 2. Correspondence

| Contact Details                                                                                                                                                          |        | Office                    | Home/ Other               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------------------------|---------------------------|
| Address                                                                                                                                                                  |        | Click here to enter text. | Click here to enter text. |
| Telephone                                                                                                                                                                | Land   |                           |                           |
|                                                                                                                                                                          | Mobile |                           |                           |
| Email                                                                                                                                                                    |        | Click here to enter text. |                           |
| Preferred address of Correspondence: Office <input type="checkbox"/> Home <input type="checkbox"/> Email: Office <input type="checkbox"/> Other <input type="checkbox"/> |        |                           |                           |

## 3. Educational Qualifications: *(Please attach photocopies of certificates)*

| Qualification             | Institution               | Date Obtained             |
|---------------------------|---------------------------|---------------------------|
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

## 4. Work Experience: *(commencing from the most recent)*

| Period of service         |                           |                | Name & Address of Employer | Position held             |
|---------------------------|---------------------------|----------------|----------------------------|---------------------------|
| from<br>month/year        | to<br>month/year          | No of<br>years |                            |                           |
| Click here to enter text. | Click here to enter text. |                | Click here to enter text.  | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |                | Click here to enter text.  | Click here to enter text. |

## Why this course is important to you: *(explain briefly)*

Click here to enter text.

## 5. Applicant Declaration:

I certify that the above particulars given by me are true and accurate to the best of my knowledge and I am prepared to abide by the rules and regulations of the University of Colombo, Sri Lanka.

If you agree with the above statement, please tick the box here. ☐

Date : [Click here to enter a date.](#)

Name of Applicant: [Click here to enter text.](#)

- *Incomplete applications and applications without accompanying the relevant documents will not be considered by the Department of Commercial Law.*