

# Application for Registration of Diploma Programme-2024/2025 (Should be filled in CAPITAL letters & tick ✓ appropriate box)

Affix Stamp Size Color Photo

Diploma In Islamic Banking And Finance ( DIBF ) - 2024/2025

## 01. PERSONAL DATA

Title:	R	ev.	Ν	lr.	М	rs.	M	iss.														
Name in full:																						
																						L
Name with initials:																						
																						L
Permanent																						
Address:																						
E mail ID (Compulsory)																						
Civil Status:	S	Singl	e		]	Μ	larri	ed		Medium: Tamil English												
	Mo	bile											Wh	atsA	pp							
Contact No.																						
	Hoi	me											Offi	ice								
Contact No.																						
NIC No.														Sex	:	Mal	le			Ferr	ale	
	D	D	Μ	MM YYYY			]	Δσο		te as	as at the		Days		Ν	Months		Years				
Date of Birth:											Age as at the closing date											
Nationality		[		[	[			[						[								
Province																						
District																						
DS Division																						

### 02. EDUCATIONAL QUALIFICATIONS:

G.C.E. (A/L) Examination Year of Examination: ..... Index No:....

No.	Subjects	Grade / Marks
01		
02		
03		
04	General English	
05	Common General Test	
	Z Score	

G.C.E. (O/L) Examination Year of Examination: ..... Index No:....

No.	Subjects	Grade	Attampt (I / II)
01	English		
02			
03			
04			
05			
06			
07			
08			
09			
10			

#### 03. OTHER QUALIFICATIONS FOR THE ENTRY TO THE DIBF

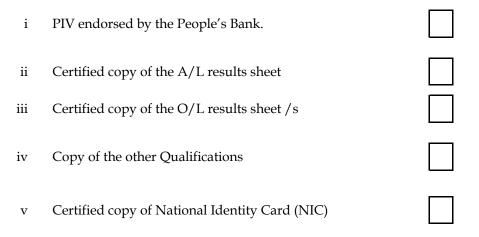
#### 04. APPLICATION PROCESSING FEES (Rs.500/-)

Amount Paid sum of Rs	Date of Payment
Name of the Bank: <i>People's Bank</i>	Branch:

Affix here the Pay in Voucher (PIV)

#### **05. DECLARATION**

The following documents are annexed with the application. Pleas tick ( $\checkmark$ ) the cages.



I do hereby affirm that the above information is true and correct. In the event of my application for registration being accepted, I shall abide by all the regulations governing to the external candidates of the university. I also understand that misrepresentation in the application will cause the rejection or revoking acceptance for admission at any stage.

Date:	
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Signature of the Applicant:

#### **06. ATTESTATION**

I certify that the above candidate is known to me personally and placed his / her signature above in my presence today (School Principal / Head of the Department/ Any other executive officers / Grama Niladhari / Justice of Peace)

Date:		
		Signature of the Attester:
	Name	
	Designation	
	Address	
		(Official Stamp)

#### Note:

*Duly filled application with relevant documents must be handed over / mailed under registered cover to the following address* <u>on or before 05.05.2024</u>.

Deputy Registrar Centre for External Degrees and Professional Learning (CEDPL) South Eastern University of Sri Lanka University Park, Oluvil, # 32360

FOR O	FFICE USE (	ONLY	
1. Educational Qualifications (verified with originals	\$)	Reference No.	
2. Selected for admission:		Entered in the system	
3. If not selected,reason:		Received PIV - Rs.500/-	
4. Remarks if any:			
		Subject In-charge	
Deputy Registrar CEDPL		Date:	