



Office use only

Rajarata University of Sri Lanka - Mihintale
Application for Postgraduate Diploma in Education Program (Weekend)
2024/2025 Intake - VII

Select the Centre:

Polonnaruwa - []

Mihinthale - []

- 1. Full Name : Rev./Mr./Mrs./Miss.-
2. Full Name in Sinhala :
3. Name with Initials :
4. Address : a. Official
b. Personal
5. Telephone : a. Official
b. Personal
c. WhatsApp
d. e-mail
6. Date of Birth :
7. Gender : Male - [] Female - []
8. NIC No. :
9. Current Occupation :
10. Period of Service :

11. Academic Qualifications:

Degree	University	Class	Effective Date

I certify that the above mentioned information is true and correct. I also declare that I do not expect to follow any other part time/ full time course, at the Rajarata University of Sri Lanka or to follow a full time course in any other Higher Education Institute.

Date:

Signature of the applicant:

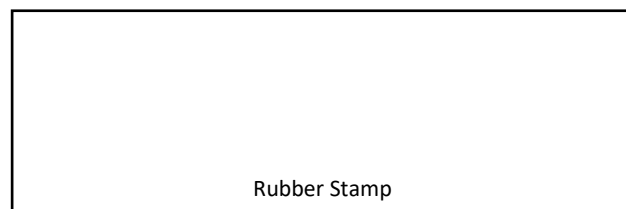
Recommendation of the head of the institute

I recommend and forward herewith the application of Rev./Mr./Mrs./Miss.
.....
for the above postgraduate Diploma in Education Program.

Date:

Signature and frank:

(Principal/Director - Zonal Educational Office)



Please paste your payment voucher of the application fee