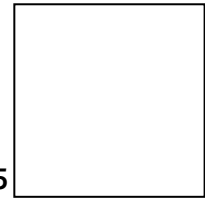




RAJARATA UNIVERSITY OF SRI LANKA – MIHINTALE
 CENTRE FOR DISTANCE AND CONTINUING EDUCATION
 DEPARTMENT OF ENGLISH LANGUAGE TEACHING



Application for the Advanced Certificate in English (Extension) – 2024/2025

Ref No : - ACE/

Reg. No : RJT/ACE/EX/2024/.....

01. Personal Information

Title : Mr. Mrs. Miss. Rev.

i. Name with initials : _____

ii. Full name : _____

iii. Postal Address : _____

iv. Contact Telephone Numbers :

Home : _____

Mobile : _____

Office : _____

v. E-mail address : _____

vi. Date of Birth : _____

(D D) (M M) (Y Y Y Y)

(Please attach a photocopy of Birth Certificate)

vii. National Identity Card Number : _____

viii. Civil Status : Married Unmarried

ix. Occupation : _____

(If employed)

02. Educational Qualifications : Results of G.C.E. (Ordinary Level) Examination;

Subject	Grade	Year	Subject	Grade	Year
1. _____	_____	_____	6. _____	_____	_____
2. _____	_____	_____	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

(Please attach a photocopy)

03. Declaration :

- i. I hereby agree to abide by the rules and regulations of the programme laid by the Rajarata University of Sri Lanka.
- ii. I hereby certify that the above particulars furnished by me are true and accurate to the best of my knowledge and I am also aware that the University has the right to cancel my registration if the particulars furnished by me are found incorrect.

Date : _____

Signature : _____

04. Attestation of Signature:

Attestation of the signature could be done by any of the persons named below.

(Government Executive Officer/ Chief - Incumbent of a Temple / Principal of a School/ Justice of Peace / Head of an Institution / Attorney – at – law).


Rev. / Mr./ Mrs./ Miss. : _____

is known to me personally and placed his / her signature before me.

i. Name of attestor : _____

ii. Designation : _____

iii. Signature : _____

iv. Official Stamp : 

v. Date : _____

For Office Use Only

The above named applicant has completed/ not completed the entry requirements for registration.

Date : _____

Deputy Registrar (CDCE)