



UNIVERSITY COLLEGE OF JAFFNA

APPLICATION FOR NVQ CERTIFICATE UPON COMPLETION

Department :

Completed Level : Level 5 /Level 6

Registration No :

1. Full Name :

.....

2. National Identity Card No :

3. Address :

.....

4. Contact Number : Mobile -

: Home (if any) -

5. Email Address :

6. Payment Details (**Bank & Branch: People’s Bank, University of Jaffna, Account Number: 162100100045947 & NVQ Certificate Fee: Rs.500.00**) (**Affix the slip with this form**)

i. Fee Paid : ii. Date of Payment :

.....
Date

.....
Signature of student

I certify that Mr/Mrs/Miss:..... has outstanding dues/has no outstanding dues.

Remarks:.....

.....
Date Head of Department/Course Coordinator

I certify that Mr/Mrs/Miss:.....has outstanding dues/has no outstanding dues.

Remarks:.....

.....
Date Head of Academics

I certify that Mr/Mrs/Miss:..... has outstanding dues/has no outstanding dues and the Library deposit can / can't be refunded.

Bill No:.....

.....
Date Assistant Librarian

For Office Use

I certify that the application is in order/not in order and student handover/ didn't handover the student ID.

Date:..... Subject Clerk/Student affairs

I recommended/not recommended to issue the NVQ Certificate and original of the School leaving certificate of this student.

.....
Date Assistant Registrar

I approved / not approved the completion of course and to issue the NVQ certificate of the above student.

.....
Date CEO/Director

I received the NVQ certificate and original of the School Leaving certificate.

.....
Date Signature of Candidate