

**Ministry of Education**  
**University of Vocational Technology**  
**University College of Jaffna**  
**Registration of Students for the Academic Year- 2024/2025**

<b>Student's Personal Information</b>																																			
Name with Initials :																																			
Full Name in Capital Letters:																																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td> </tr> <tr> <td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td> </tr> </table>																																			
Date of Birth			D    M    Y			Age on the Date of Registration:			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">Years</td><td style="text-align: center;">Mon</td><td colspan="2" style="text-align: center;">Days</td> </tr> </table>							Years	Mon	Days																	
Years	Mon	Days																																	
National ID No:			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td> </tr> </table>									Sex		<b>F</b>	<b>M</b>	Marital Status	<b>Single</b>	<b>Married</b>																	
Permanent Address																																			
Temporary Address																																			
Contact Numbers:			Residence:			Mobile:			E-Mail:																										
Residential District																																			
Grama Niladari Division						DS Division																													
Name of mother/father/custodian with Initials																																			
Address																																			
Signature of mother/father/custodian																																			

<b>Course Information</b>											
Name of the Course											
Entry Level Qualification						<b>NVQ Stream</b>			<b>G.C.E. (A/L) Stream</b>		
Educational Details											
G.C.E.(O/L)						G.C.E.(A/L)					
Index no		Year		Index no		Year		Index no		Year	
Subject		Result	Subject		Result	Subject		Result	Subject		Result
1	Mathematics		6			1			6		
2	Science		7			2			7		
3	Tamil /Sinhalese		8			3			8		
4	English Lang.		9			4			9		
5			10			5			10		

<b>Students with NVQ Level 4 Qualification</b>				
Occupational Name of the qualification			<b>Qualification Code</b>	
Effective Date of Qualification				
<b>Mode of Assessment</b>	<b>RPL</b>	Yes /No	Accredited Course	Yes/No
If Accredited Course, Name of the Training Centre				

I agree to uphold the principles and policies and abide by the rules and regulations of the University College.

I do hereby certify that the information furnished above is true and correct and I have not registered for a full time Degree or Diploma or any other course in a University or any other Government Academic Institutions in Sri Lanka.

I also hereby state that I am prepared to accept discontinuance from the training programme without any claim for compensation, if any of the above information is found to be false or inaccurate even after the commencement of the training programme.

.....  
Signature of the Candidate

.....  
Date

<b>Office Use Only</b>				
Student Registration Number		Date of Registration		
Documents handed over to UC registrar's office				
Copy of Birth certificate	yes		no	
Original School Leaving Certificate	yes		no	
Copies of academic qualifications certificates	yes		no	
Payments made				
Student guide book	yes		no	
Student's record book	yes		no	
College Uniform	yes		no	
Entered by:	Checked by:	Registrar:		