

GENERAL SIR JOHN KOTELAWALA DEFENCE UNIVERSITY FACULTY OF GRADUATE STUDIES APPLICATION FORM FOR CANDIDATES

(In Block Capitals)	_	o follow:
1. Name in Full :		
2. Name with Initials	:	
3. Address (Official)	:	
Tel No	:	
E-mail Address	•	
(Residence)	:	
Tel No	:	
E-mail Address	:	
4. Date of Birth	:	
5. NIC Number	:	
6. Sex	:	
7. Marital Status	:	
8. Qualification eligibility attached):	as per	the given Criteria (Compulsory and Certificates to be
•••••		

9. Educational Qualifications : (If space is not	enough please attach a separate sheet)
10. Professional Qualifications :	
11. Other Qualifications:	
I certify that the information given above is true	e and correct according to my knowledge.
Date :	
	Signature of Applicant
Recommendation of the Head of the Institute / Commissioner of Oath to certify)	Department (If unemployed Justice of Peace or
Name of the Head of the Institute/Departments	office Stamp has to be placed
Date:	
	Signature
I certify that the information given above is true	e and accurate according to my knowledge.
	5 , 5
Date:	Signature of Applicant
	Oignature of Applicant