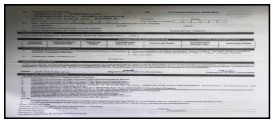

JAYEWARDENE SHWARA UNIVERSITY

Registration/Admission Form

Academic Year: 2021/22 / 2022/23 / 2023/24

Faculty: _____

Department: _____

Full Name: _____

Name in Full: _____

Gender: _____

Nationality: _____

Date of Birth: _____

Place of Birth: _____

Marital Status: _____

Religion: _____

Mother Tongue: _____

Address: _____

Telephone: _____

Email: _____

Passport No: _____

Expiry Date: _____

Place of Issue: _____

Country: _____

Name of Last School Attended: _____

Year of Completion: _____

Qualifications Obtained: _____

Year of Completion: _____

Name of Parent/Guardian: _____

Address: _____

Telephone: _____

Email: _____

Occupation: _____

Name of Employer: _____

Address: _____

Telephone: _____

Email: _____

Relationship: _____

Name of Sponsor: _____

Address: _____

Telephone: _____

Email: _____

Relationship: _____

Subjects	Ordinary Level			Advanced Level			Other Qualifications
	Year	Grade	Year	Grade	Year	Grade	
Mathematics							
English Language							
Science							
Social Studies							
Religion							
Mother Tongue							
Other Subjects							

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Signature of Sponsor: _____ Date: _____

Signature of Registrar: _____ Date: _____

Signature of Dean: _____ Date: _____

Signature of Vice Chancellor: _____ Date: _____