



UNIVERSITY COLLEGE OF ANURADHAPURA

UNIVERSITY COLLEGE OF ANURADHAPURA UNIVERSITY OF VOCATIONAL TECHNOLOGY



UNIVOTEC

STUDENT REGISTRATION FORM

DIPLOMA PROGRAMME: (Please tick appropriate box)

PHT AARM QS BST

ECL ETN HM TTM

Photo

Reg No: FOR OFFICE USE

PERSONAL DATA (TO BE FILLED IN BLOCK CAPITALS)

1. NAME IN FULL:

(Underline the Last Name)

MR./MRS./MS.

2. NAME WITH INITIALS:

3. ADDRESS:

I Permanent Address:

II Contact Address:

(If permanent address differs from contact address)

4 CONTACT NUMBERS:

I Residence:

II Mobile:

III If any emergency 0 7

5. E-MAIL:

6. DATE OF BIRTH: DATE MONTH YEAR

7. NIC NO:

8. CIVIL STATUS: MARRIED/SINGLE 9.GENDER: MALE/FEMALE

10. NATIONALITY: 11.RELIGION:

11. DISTRICT OF RESIDENCE

13. DISTANCE IN KM TO THE UNIVERSITY COLLEGE OF ANURADAPURA
FROM PERMANENT ADDRESS: KM

14. EDUCATIONAL QUALIFICATIONS:

Qualification	Year Obtained	Results				
O/L		A <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> F
A/L		A <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> F

15. VOCATIONAL/PROFESSIONAL QUALIFICATIONS:

Qualification	Institution	Area of specialization	Year obtained

16. State whether studies are undertaken at present at any other University/Higher Education Institution Yes/No

If yes, name of the Institute and course:

.....

17. PAYMENT INFORMATION (Registration)

- 1. Amount Paid :
- 2. Number of the Cash Receipt :
- 3. Date of the payment :

I certify that the above information is true to the best of my knowledge

.....
 Signature of the Student Date

FOR OFFICE USE ONLY

The Student's records were verified and he /she is eligible to be enrolled as a student.

.....
 Head of Division Date

.....
 Head of Academic Date

.....
 Assistant Registrar Date

.....
 Director/CEO Date

DECLARATION BY THE CANDIDATE OR STUDENT

1. I have carefully read and fully understood the law prohibiting ragging referred in the Prohibition of Ragging and other forms Of Violence in Educational Institutions Act, No 20 Of 1998 and the commission Circular No 919 of 15th January 2010.
2. I hereby undertake that;
 - 2.1. I will not indulge in any behaviour or act that may come under the definition of ragging
 - 2.2. I will not participate in or abet or propagate ragging in any form
 - 2.3. I will not hurt anyone physically or psychologically or cause any other harm
3. I hereby agree that if am found guilty of any form of ragging, I may be punished as per the law enforced and by-laws of the University College.
4. I do hereby affirm that, during the period of my stay in the university, I will not engage in or encourage any form of anti-social behaviour including ragging (torture) and that I will pay due respect to the teachers and officials and that I will not engage in any act that will harm the goodwill of the University College. I am fully aware that I am liable for suspension from the university and for any other disciplinary action if I am unable to abide by the bylaws of this act.

Signed this on theday of the month of in the year

.....
Signature of the Student

I hereby certify that this student/applicant, who is known to me personally, has enclosed all information relevant to this enrolment form correctly and that he/she signed this application in my presence.	
Name of the Student/Applicant	
National Identity Card No. of the Applicant	
Signature of the Student/Applicant	
Name of the Justice of Peace/Commissioner for Oaths/Principal of the School of the applicant	
Signature of the Justice of Peace/Commissioner for Oaths/Principle of the School of the applicant	
Official Stamp of the Justice of Peace/Commissioner for oaths/ Principle of the School	

UNDERTAKING BY THE PARENT/ GUARDIAN

1. I have carefully read and fully understood the law prohibiting ragging referred in the Prohibition of Ragging and other forms Of Violence in Educational Institutions Act, No 20 Of 1998 and the commission Circular No 919 of 15th January 2010.
2. I assure you that my son/ daughter/ward will not indulge in any form of ragging.
3. I hereby agree that if he or she is found guilty of any form of ragging, he/she may be punished as per the law enforced and by-laws of the University College.

.....
Signature of the Parent or Guardian

Name

Relationship to the student

Address

.....

.....



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APPLICATION FOR THE STUDENT ID CARD

Photo

Registration No:

FOR OFFICE USE

[Empty registration number box]

Name with Initials :.....

.....

Names denoted by Initials :.....

.....

Course :.....

.....

NIC No :.....

Address :.....

.....

.....

[Empty signature box]

Signature