University of Ruhuna

Distance and Continuing Education Unit (DCEU)

Advanced Certificate in Information and Communication Technology
Faculty of Humanities & Social Science

Examination Application Form

1. Registration Number: RU/DCEU/ACICT/……………………………………………….

2. Full Name……………………………………………………………………………………..

   ……………………………………………………………………………………………………...

3. Name with Initials:…………………………………………………………………………...

4. Gender: Male ☐   Female ☐

5. Permanent Address…………………………………………………………………………...

   …………………………………………………………………………………………………..

6. Telephone: Home ⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚   Mobile ⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚

7. E-Mail: …………………………………………………………………………………………...

8. NIC Number: ⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚

9. Date of Birth: ⬚⬚⬚⬚⬚⬚⬚⬚

I certify that the above information is true and correct.

…………………………………………..   …………..………………

Signature of the Applicant   Date