



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

Name of the Course intending to follow:
(In Block Capitals)

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1. Name in Full :
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2. Name with Initials :

3. Address (Official) :
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Tel No :

E-mail Address ;

(Residence) :
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Tel No :

E-mail Address :

4. Date of Birth :

5. NIC Number :

6. Sex :

7. Marital Status :

8. Qualification eligibility as per the given Criteria (Compulsory and Certificates to be attached):

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9. Educational Qualifications : (If space is not enough please attach a separate sheet)

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10. Professional Qualifications :

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11. Other Qualifications :

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I certify that the information given above is true and correct according to my knowledge.

Date :

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Signature of Applicant

Recommendation of the Head of the Institute /Department (If unemployed Justice of Peace or Commissioner of Oath to certify)

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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 and accurate according to my knowledge.

Date :

.....
Signature of Applicant