SOUTH EASTERN UNIVERSITY OF SRI LANKA
Department of Computer Science
Faculty of Applied Sciences
Tel. **+94 67 22 60467, 0760180102**

For Office use only

Application for Admission to the Diploma in Computer Technology – 2025

01. PERSONAL DATA

Status	Dr.	Mr.	Mrs.	Miss.

Name in full
(use block letters)

Name with Initials

Permanent Address

Official Address

Address for Communication

E-mail Address		

Telephone	Home		Office	
	Fax		Mobile	

NIC No		Civil Status		Sex	**Male / Female**

Date of Birth	Date	Month	Year	Age as at 01.04.2021	Days	Months	Years

02. ACADEMIC QUALIFICATIONS (ATTACH COPIES OF CERTIFICATES)

G.C.E (O/L)   **Year:**   **Index No.:**

Subject	Grade	Subject	Grade

G.C.E (A/L)   **Year:**   **Index No.:**

Subject	Grade

03. PROFESSIONAL QUALIFICATIONS (ATTACH COPIES OF CERTIFICATES)

Institution	Period	Field of Study / Training	Qualification	Year

04. WORK EXPERIENCE (ATTACH A SERVICE CERTIFICATE FROM EMPLOYER/S)

Organization	Period	Position held	Nature of work

05. ANY OTHER QUALIFICATIONS (IF ANY)

06. SELF ASSESSMENT OF PROFICIENCY IN ENGLISH

	Very Good	**Good**	**Fair**	**Weak**
Reading				
Writing				
Conversation				

07. FINANCE

	Privately	**Sponsored**	**Other**	**Undecided**
How do you plan to finance your Postgraduate studies?				
If sponsored – by whom?				
If other – indicate				

08. BRIEFLY DESCRIBE YOUR REASONS FOR WISHING TO ENROLL IN THE PROGRAM.

I certify that the above information is true and correct. I understand that misrepresentation in the application will cause the rejection or revoking acceptance for admission at any stage.

Date: ……………………..   ……………………………..
                                                                                              Signature of Applicant

<u>Note:</u>

Dully filled application with relevant documents must be handed over / mailed under registered cover to the following Address **<u>on or before 19th of November, 2025</u>**:

    Coordinator
    Department of Computer Science
    Faculty of Applied Sciences
    South Eastern University of Sri Lanka
    Sammanthurai – 32200.

For Office use only

1. Passed the selection test: ⬜

2. Date of interview: ⬜

3. Educational Qualifications (verified with originals) ⬜

4. Selected for admission: ⬜

5. If not selected, reason: …………………………………………………………………………………

6. Remarks: …………………………………………………………………………………

…………………………………………………………………………………

…………………………………..   …………………………………..
Assistant Registrar   Date
FAS