

UNIVERSITY OF COLOMBO, SRI LANKA
FACULTY OF GRADUATE STUDIES
APPLICATION FOR ADMISSION

(For Office Use Only)

App No: C-....
 App Admission Fee-
 Category - Local / Foreign

**Postgraduate Diploma in Counselling and
 Psychosocial Support - PgDCP 2025/26 (Weekday Evenings)**

PERSONAL DATA

NAME IN FULL
 (Underline the Last Name)

NAME WITH INITIALS

CONTACT ADDRESS

HOME ADDRESS
 (If home address is different from contact address)

TELEPHONE HOME : OFFICE: MOBILE:

E-MAIL :

DATE OF BIRTH : DATE / MONTH / YEAR NIC NO:

NATIONALITY : CIVIL STATUS:

RELIGION :

GENDER : MALE / FEMALE/OTHER

EDUCATIONAL QUALIFICATIONS:

University Education (Submit Certified Copies):

Degree	Class	University(If applicable)	Effective Date

Professional Qualifications(Submit Certified Copies):

Qualification	Duration	University/Institute	Effective Date

Any other Qualifications:

.....
.....
.....
.....

WORK EXPERIENCE

Please list the employment background, starting from your most recent position.

Date		Name & Address of Employer	Position
From D/M/Y	To D/M/Y		

A brief description of current responsibilities:

.....
.....
.....
.....

Are you a currently registered student of any degree programme conducted by the University of Colombo or any other Higher Educational Institute? Explain:

Name of the Programme:.....
.....

Faculty / Institute:.....
.....

Current status of the programme:.....
.....
.....

I certify that the above particulars given by me are true and accurate to the best of my knowledge and I am prepared to abide by the rules and regulations of the University of Colombo, Sri Lanka.

.....
Signature of the Applicant

.....
Date:

