



APAX CAMPUS

Directorate of Distance Education,
Main Street, Bamunugama, Muriyakadawala,
Anuradhapura, Sri Lanka.

PHOTO
35MMx45MM

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APPLICATION FOR ADMISSION

STUDENT INFORMATION

FULL NAME :(BLOCK CAPITAL)		TITLE			
		Mr	Mrs	Miss	Master
NAME WITH INITIALS :(BLOCK CAPITAL)					
		NIC NO./PASSPORT NO			
ADDRESS:					
		DATE OF BIRTH			
		YYYY	MM	DD	

CONTACT INFORMATION

Home:	Office:	Mobile:
E-mail Address:		

Occupation:

COURSE INFORMATION

UNIVERSITY NAME
Course:
Special/Hons/Subject:
Course Period :

Educational Qualification

Qualifications	Index No./Reg No	Year	Result
GCE (Ordinary Level)			
GCE (Advance Level)			
Degree			
Any Other			

Declaration :

I hereby affirm to the best of my knowledge that the information that I have provided in this application and in the enclosures to this application is true and complete

Date:.....

.....

Signature

FOR THE OFFICE USE ONLY

Ref No:

Reg No:

Education and experience certificates of the applicant are verified; accordingly , (✓)

1. The application is unconditionally /conditionally accepted.

2. The application is rejected

Documents Attached (✓)

1. Birth Certificate		2. NIC Copy		3. PP Size Photo	
4. School Leaving Certificate		5. Other Relevant Document		6. Result Sheet	
7. Passport Scanned Copy		8. Appointment Letter		9. Service Record	