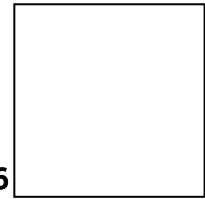




**RAJARATA UNIVERSITY OF SRI LANKA – MIHINTALE**  
**CENTRE FOR DISTANCE AND CONTINUING EDUCATION**  
**DEPARTMENT OF ENGLISH LANGUAGE TEACHING**



**Application for the Advanced Certificate in English (Extension) – 2025/2026**

Ref No : - ACE/ .....

Reg. No : RJT/ACE/EX/2025/.....

**01. Personal Information**

Title : Mr.  Mrs.  Miss.  Rev.

i. Name with initials : \_\_\_\_\_

ii. Full name : \_\_\_\_\_

iii. Postal Address : \_\_\_\_\_

iv. Contact Telephone Numbers :

Home : \_\_\_\_\_

Mobile : \_\_\_\_\_

Office : \_\_\_\_\_

v. E-mail address : \_\_\_\_\_

vi. Date of Birth : \_\_\_\_\_

( D D ) ( M M ) ( Y Y Y Y )

**(Please attach a photocopy of Birth Certificate)**

vii. National Identity Card Number : \_\_\_\_\_

viii. Civil Status : Married  Unmarried

ix. Occupation : \_\_\_\_\_

(If employed)

**02. Educational Qualifications : Results of G.C.E. (Ordinary Level) Examination;**

Subject	Grade	Year	Subject	Grade	Year
1. _____	_____	_____	6. _____	_____	_____
2. _____	_____	_____	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

**(Please attach a photocopy)**

**03. Declaration :**

- i. I hereby agree to abide by the rules and regulations of the programme laid by the Rajarata University of Sri Lanka.
- ii. I hereby certify that the above particulars furnished by me are true and accurate to the best of my knowledge and I am also aware that the University has the right to cancel my registration if the particulars furnished by me are found incorrect.

Date : \_\_\_\_\_

Signature : \_\_\_\_\_

**04. Attestation of Signature:**

Attestation of the signature could be done by any of the persons named below.

(Government Executive Officer/ Chief - Incumbent of a Temple / Principal of a School/ Justice of Peace / Head of an Institution / Attorney – at – law).


Rev. / Mr./ Mrs./ Miss. : \_\_\_\_\_

is known to me personally and placed his / her signature before me.

i. Name of attestor : \_\_\_\_\_

ii. Designation : \_\_\_\_\_

iii. Signature : \_\_\_\_\_

iv. Official Stamp : 

v. Date : \_\_\_\_\_

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**For Office Use Only**

The above named applicant has completed/ not completed the entry requirements for registration.

Date : \_\_\_\_\_

\_\_\_\_\_  
Deputy Registrar (CDCE)