

**Certificate Course in Psychology and Basic Counseling Skills**  
**Department of Psychology, University of Peradeniya**  
**Application Form**

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*For office use only*

Application for the: .....  
.....  
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| Medium | English | Sinhala | Tamil |
|--------|---------|---------|-------|
|        |         |         |       |

**01. PERSONAL INFORMATION**

Status: Ven./Dr./Mr./Mrs./Miss.

Name in Full: .....  
.....  
.....

Name with Initials: .....  
.....

Permanent Address: .....  
.....  
.....

Email Address: .....

Telephone: .....

**02. EDUCATIONAL QUALIFICATIONS (Attach Copies of Certificates)**

|                                   |          |  |
|-----------------------------------|----------|--|
| <b>1. G.C.E (O/L) Examination</b> | Index no |  |
|                                   | Year     |  |

| #   | Subject | Grade | #   | Subject | Grade |
|-----|---------|-------|-----|---------|-------|
| 01. |         |       | 06. |         |       |
| 02. |         |       | 07. |         |       |
| 03. |         |       | 08. |         |       |
| 04. |         |       | 09. |         |       |
| 05. |         |       | 10. |         |       |

|                                   |          |  |
|-----------------------------------|----------|--|
| <b>2. G.C.E (A/L) Examination</b> | Index no |  |
|                                   | Year     |  |

| #   | Subject | Grade | #   | Subject | Grade |
|-----|---------|-------|-----|---------|-------|
| 01. |         |       | 03. |         |       |
| 02. |         |       | 04. |         |       |

**03. ACADEMIC QUALIFICATIONS (Attach Copies of Certificates)**

| University | Period | Major | Degree/Diploma | Class (if any) |
|------------|--------|-------|----------------|----------------|
|            |        |       |                |                |
|            |        |       |                |                |
|            |        |       |                |                |
|            |        |       |                |                |

**04. WORK EXPERIENCE (Attach Service Certificate from Employer/s)**

| Organization | Period | Position | Nature of Work |
|--------------|--------|----------|----------------|
|              |        |          |                |
|              |        |          |                |
|              |        |          |                |
|              |        |          |                |
|              |        |          |                |

**05. ANY OTHER QUALIFICATION (IF ANY)**

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**06. DECLARATION OF THE APPLICANT**

I respectfully declare that the particulars furnished by me in this application are true and correct to the best of my knowledge. I agree to bear the loss which may occur due to incomplete and/or incorrect completion of any part of this application.

Date: .....  
Signature