



**UNIT OF ARABIC AND ISLAMIC CIVILIZATION
FACULTY OF ARTS**

UNIVERSITY OF COLOMBO

CERTIFICATE COURSE IN COMMUCATIVE ARABIC

- 1. Name in Full (**Capital Letters**): Mr. /Ms./Mrs
-
- 2. Address(**Capital Letter**) :
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- 3. N.I.C No: 4. Date of Birth:.....
- 5. Contacts: Mobile:.....Email.....
- 6. Occupation & Company:
-
- 7. Educational Qualifications: (**Please attach copy**)
 G.C.E.O/L:
- Other:.....
- 8. Professional Qualifications if any (**Please attach copy**):
 I
- II
- III
- 9. Other relevant particulars
-
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- 10. Language Proficiency:
 Sinhala.....
- Tamil.....
- English.....

I certify that the all particulars given in this application are true and correct for best of my knowledge.

Date:

Signature of the Applicant