



UNIT OF ARABIC AND ISLAMIC CIVILIZATION
FACULTY OF ARTS
UNIVERSITY OF COLOMBO

CERTIFICATE COURSE IN COMMUCATIVE ARABIC

1. Name in Full: Mr. /Ms./Mrs.....

2. Address:.....

3. N.I.C No: 4. Date of Birth:.....

5. Contacts: office: Mobile:.....

6. Email.....

7. Employment status:.....

8. Educational Qualifications:

G.C.E.O/L:

Other:.....

9. Professional Qualifications if any:

I

II

III

10. Other relevant particulars

11. Language Proficiency:

Sinhala.....

Tamil.....

English.....

12. Preferred time: Tuesdays and Thursdays: 4.00pm – 6.00pm []

Or Saturdays: 9.00am – 1.00pm []

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

Date:

Signature of the Applicant