#### **APPLICATION PROCEDURE**

Duly completed applications should be submitted to the Department of Geography with the following documents:

- Certified copies of academic certificates.
- Certified copies of certificates of professional qualifications.
- Evidence of proficiency in English (if any).
- Certified copy of National Identity Card or Bio Page of the National Passport.

Post/ handover your application with relevant documents to:

Mr. B.A.S.C. KUMARA COORDINATOR - DIPLOMA IN GIS & RS, DEPARTMENT OF GEOGRAPHY, UNIVERSITY OF SRI JAYEWARDENEPURA, GANGODAWILA, NUGEGODA.

IMPORTANT: Please write on the top left corner of the envelope "DIP/GIS&RS/2025-26"

CLOSING DATE OF APPLICATION 20th April 2025

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|     | w | u            |

**FOR OFFICE USE** 



### **UNIVERSITY OF SRI JAYEWARDENEPURA**

# Application Form for Diploma in Geographic Information Systems & Remote Sensing (2025-2026) offered by the DEPARTMENT OF GEOGRAPHY

| DEPARTMENT OF GEOGRAPHY                                 |  |              |        |      |   |             |      |  |  |          |  |        |   |   |   |   |   |   |   |  |  |
|---|--|--------------|--------|------|---|-------------|------|--|--|----------|--|--------|---|---|---|---|---|---|---|--|--|
| Course Name Diploma in GIS & Remote Sensing (2025-2026) |  |              |        |      |   |             |      |  |  |          |  |        |   |   |   |   |   |   |   |  |  |
| PART A – PERSONAL INFORMATION                           |  |              |        |      |   |             |      |  |  |          |  |        |   |   |   |   |   |   |   |  |  |
|   |  | ı            | Last I | Name | • |             |      |  |  |          |  |        |   |   |   |   |   |   |   |  |  |
|   |  |              |        |      |   |             |      |  |  |          |  |        |   |   |   |   |   |   |   |  |  |
| Name in Full<br>(Use block capitals)                    | tals)  | Other Name/s |        |      |   |             |      |  |  |          |  |        |   |   |   |   |   |   |   |  |  |
|   |  |              |        |      |   |             |      |  |  |          |  |        |   |   |   |   |   |   |   |  |  |
|   |  |              |        |      |   |             |      |  |  |          |  |        |   |   |   |   |   |   |   |  |  |
| Name with in  | itial  |              |        |      |   |             |      |  |  |          |  |        |   |   |   |   |   |   |   |  |  |
|   |  |              |        |      |   |             |      |  |  |          |  |        |   |   |   |   |   |   |   |  |  |
| Address for<br>Communication                            |  |              |        |      |   |             | -    |  |  |          |  |        |   |   |   |   |   |   |   |  |  |
|   |  |              |        |      |   |             |      |  |  |          |  |        |   |   |   |   |   |   |   |  |  |
|   |  | I            | 1      | 1    | 1 | 1           | 1    |  |  |          |  | ı<br>I | 1 | I | 1 | I | 1 | I | 1 |  |  |
| Permanent Address (If dif                               | fferent  |              |        |      |   |             |      |  |  |          |  |        |   |   |   |   |   |   |   |  |  |
| from above)   |  |              |        |      |   |             |      |  |  |          |  |        |   |   |   |   |   |   |   |  |  |
| Official Addre  | :SS  |              |        |      |   |             |      |  |  | <u>.</u> |  |        |   |   |   |   |   |   |   |  |  |
| (If, employed)  | )  |              |        |      |   |             |      |  |  |          |  |        |   |   |   |   |   |   |   |  |  |
| Employment Position                                     |  |              |        |      |   |             |      |  |  |          |  |        |   |   |   |   |   |   |   |  |  |
| E-Mail Address  |  |              |        |      |   |             |      |  |  |          |  |        |   |   |   |   |   |   |   |  |  |
| Telephone   | lephone Home Married Single Sex M F  Mobile Single |              |        |      |   |             |      |  |  |          |  |        |   |   |   |   |   |   |   |  |  |
| Date of<br>Birth  | Date   | e Month Year |        |      | F | NI<br>Age ( | C No |  |  |          |  |        |   |   |   |   |   |   |   |  |  |

## **PART B – EDUCATIONAL QUALIFICATIONS**

| GCE (A/L) YEAR:                         |             |            |         |                             |             |         |                 |
|---|-------------|------------|---------|-----------------------------|-------------|---------|-----------------|
| ubjects                                 | Grade       |            |         |                             |             |         |                 |
|   |             |            |         |                             |             |         |                 |
|   |             |            |         |                             |             |         |                 |
|   |             |            |         |                             |             |         |                 |
| l.                                      |             |            |         |                             |             |         |                 |
|   |             |            |         |                             |             |         |                 |
| OTHER QUALI                             |             |            |         |                             |             |         | <del></del>     |
| Institutio                              | n           | Course     | Durati  | on Field                    | of Study/ T | raining | Qualification   |
|   |             |            |         |                             |             |         |                 |
| 2.                                      |             |            |         |                             |             |         |                 |
| 3.                                      |             |            |         |                             |             |         |                 |
|   |             |            |         |                             |             |         |                 |
| WORK EXPERI                             |             | <b>-</b> 1 |         | 1 5                         |             |         | No.             |
| Organizati                              | on          | From       | То      | Po                          | Position    |         | Nature of Work  |
| 1.                                      |             |            |         |                             |             |         |                 |
| 2.                                      |             |            |         |                             |             |         |                 |
| 3.                                      |             |            |         |                             |             |         |                 |
| 4.                                      |             |            |         |                             |             |         |                 |
|   |             |            |         |                             |             |         |                 |
| 4. SELF ASSESSM                         | FNT OF PRO  | OFICIEN    | CY IN F | NGLISH                      |             |         |                 |
|   | 1           | Very good  |         | d                           | Fair        |         | Weak            |
| Reading                                 | / 6         |            |         | -                           |             |         |                 |
| Writing                                 |             |            |         |                             |             |         |                 |
| Conversation                            |             |            |         |                             |             |         |                 |
|   | •           |            | •       |                             |             |         |                 |
| 5. FINANCIAL ASS                        | SISTANCE    |            |         |                             |             |         |                 |
|   |             | Self-Fu    | nded    | Sponsored                   | Grant       |         | Other (Specify) |
|   |             | , J u      |         | - p - 0 - 1 - 0 - 0 - 0 - 0 |             |         | c. (opco)       |
| How do you plan to f                    | inanco vour |            | İ       | -                           |             |         |                 |
| How do you plan to f<br>Diploma Course? | inance your |            |         |                             |             |         |                 |

# 6. BRIEFLY DESCRIBE YOUR REASONS FOR WISHING TO ENROLL IN THE PROGRAM (Include your personal/ career interests)

| <br>· |  |  |
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|       |  |  |
|       |  |  |
|       |  |  |
|       |  |  |

If sponsored – by whom?

If Grant, give Grant name, total

amount

If other - indicate

#### **07. GIVE NAMES AND CONTACT DETAILS OF REFEREES**

| 1.   | 2.                     |
|--|------------------------|
|  |                        |
|  |                        |
| I certify that the above information is true and correct. I unc<br>cause the rejection of application or revoking acceptance for |                        |
| Date   | Signature of Applicant |

Mail this application with relevant documents to:

Mr. B.A.S.C. Kumara Coordinator - Diploma in GIS & RS Department of Geography, University of Sri Jayewardenepura Gangodawila, Nugegoda.

Telephone No: +94 112802028, +94 112758753

Please write on the top left corner of the envelope "DIP/GIS&RS/2025/26"