

**UNIVERSITY OF COLOMBO, SRI LANKA  
FACULTY OF GRADUATE STUDIES  
APPLICATION FOR ADMISSION**

(For Office Use Only)

App No: C-....

App Admission Fee- .....

Category - Local / Foreign

**Postgraduate Diploma in Counselling and  
Psychosocial Support - PgDCP 2025/26 (Weekend Programme)**

**PERSONAL DATA**

NAME IN FULL .....  
(Underline the Last Name) .....

NAME WITH INITIALS .....

CONTACT ADDRESS .....

HOME ADDRESS .....  
(If home address is different from .....  
contact address) .....

TELEPHONE HOME : ..... OFFICE: ..... MOBILE: .....

E-MAIL : .....

DATE OF BIRTH : ..... DATE / MONTH / YEAR ..... NIC NO: .....

NATIONALITY : ..... CIVIL STATUS: .....

RELIGION : .....

GENDER : MALE / FEMALE/OTHER

**EDUCATIONAL QUALIFICATIONS:**

University Education (Submit Certified Copies):

Degree	Class	University(If applicable)	Effective Date

Professional Qualifications(Submit Certified Copies):

Qualification	Duration	University/Institute	Effective Date

Any other Qualifications:

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.....  
.....  
.....

**WORK EXPERIENCE**

Please list the employment background, starting from your most recent position.

Date		Name & Address of Employer	Position
From D/M/Y	To D/M/Y		

A brief description of current responsibilities:

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.....  
.....  
.....

**Are you a currently registered student of any degree programme conducted by the University of Colombo or any other Higher Educational Institute? Explain:**

Name of the Programme:.....  
.....

Faculty / Institute:.....  
.....

Current status of the programme:.....  
.....  
.....

I certify that the above particulars given by me are true and accurate to the best of my knowledge and I am prepared to abide by the rules and regulations of the University of Colombo, Sri Lanka.

.....  
Signature of the Applicant

.....  
Date:

