**

**For Office Use**

**Application No:**

**Registration No: 2024/ACFCL/…….**

**UNIVERSITY OF COLOMBO, SRI LANKA**

**FACULTY OF LAW**

**DEPARTMENT OF PUBLIC & INTERNATIONAL LAW**

**ADVANCED CERTIFICATE IN FUNDAMENTALS OF CRIMINAL LAW**

**(ACFCL) – 2024 ONLINE MODE**

**APPLICATION FOR ADMISSION**

**Instructions for Applicants**

* All sections in this application must be completed fully and accurately. Incomplete applications will not be accepted.
* Please attach certified copies of educational certificates and service certificates for adequate proof of academic/ professional career.

1. **Personal Details**

|  |  |
| --- | --- |
| **Name** | (Please use block letters) |
| a. Name in Full: (Rev./Mr./Ms.) Click here to enter text.  b. Name with Initials: Click here to enter text. |

Recent Photograph

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of birth** | **Date** | **Month** | **Year** |
|  |  |  |  |
| **National ID No./**  **Passport No.** | Click here to enter text. | | |
| **Sex** | Male  Female | | |

1. **Correspondence**

|  |  |  |  |
| --- | --- | --- | --- |
| **Contact Details** | | **Office** | **Home/ Other** |
| **Address** | | Click here to enter text. | Click here to enter text. |
| **Telephone** | **Land** |  |  |
|  | **Mobile** |  |  |
| **Email** | | Click here to enter text. | Click or tap here to enter text. |
| **Preferred address of Correspondence:** Office  Home  **Email:** Office  Other | | | |

Language in which you would like to follow the course:  English

*Please tick (✓) one only*  Sinhala

Tamil

In case if the Department is unable to offer the course in the language selected by you as above, what is your 2nd preference?

English

*Please tick (✓) one only*  Sinhala

Tamil

**3. Educational Qualifications:** *(Please attach photocopies of certificates)*

|  |  |  |
| --- | --- | --- |
| **Qualification** | **Institution** | **Date Obtained** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

**4. Work Experience:** (commencing from the most recent)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Period of service** | | | **Name & Address of Employer** | **Position held** |
| from  month/year | to  month/year | No of years |  |  |
| Click here to enter text. | Click here to enter text. |  | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |  | Click here to enter text. | Click here to enter text. |

**Why this course is important to you:** *(explain briefly)*

|  |
| --- |
| Click here to enter text. |

**5. Applicant Declaration:**

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.

If you agree with the above statement, please tick the box in front here.

Date : Click here to enter a date. Name of Applicant: Click here to enter text.

* *Incomplete applications and applications without accompanied the relevant documents will not be considered by the Department of Public & International Law.*