



REGISTARATION FORM FOR STUDENT REGISTRATION

NATIONAL INSTITUTE OF SOCIAL DEVELOPMENT.

Liyanagemulla, Seeduwa. Tel: 2882506/7, Fax: 2882502, E-mail: registrar@nisd.ac.lk

Name of the course / programme: Bachelor of Social Work (Hons) **Academic Year** Medium Sinhala / English / Tamil 2025/2026 1. Full Name [Rev./Mr./Miss./Mrs.] In English : In Tamil/ Sinhala: 2. Contact Address: 3. Permanent Address: 4. District: **5.** Province: **6.** E- mail Address: Date Month Year 7. Date of Birth: 8. Gender: Male Female 9. Civil Status: 10. Nationality: Sri Lankan Other 11. National Identity Card No: 12. Telephone:

Home

WhatsApp

Mobile

13. Educational Qualifications				
G.C.E. (O/L) Examination Year		Index No		
Subject	Grade	Subject	Grade	
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G.C.E.(A/L) Examination				
` '		Indox No		
Year	Index No			
Z score	General Test Mark			
Subject	Grade	Subject	Grade	
(Please attach a certified ph	otocopy of your	result sheet.)	•	
I do hereby certify that the particular	•			
abide by all regulations and regulation	ons governing the	students of the institut	e. I agree that the	
institute has the right to cancel my re	egistration at any	time.		
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Date		Signature of Applicant		