



**OBLATE INSTITUTE OF HIGHER LERNING (OIHL)**  
**APPLICATION FOR ADMISSION**  
**DIPLOMA IN TEACHER FORMATION**

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Year

Application No:

**APPLICANT INFORMATION**

Last Name	Mr. / Ms. / Rev.	Initials
Names denoted by initials		
Congregation		
Date of Birth (DD/MM/YYYY)	SL NIC No.	

**CONTACT DETAILS**

Mobile Phone	Other Phone	Fax
Email		
Mailing Address		
Permanent Address (If different from above)		

**DISCLAIMER AND SIGNATURE**

I certify that the information provided above is true and accurate to the best of my knowledge and I am prepared to abide by the rules and regulations of the Oblate Institute of Higher Learning (OIHL), Sri Lanka.

Signature

Date