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**FACULTY OF INDIGENOUS MEDICINE  
UNIVERSITY OF COLOMBO RAJAGIRIYA**

**Application for Registration of**

**Certificate Course in Acupuncture – 3<sup>rd</sup> Intake (2026/2027)**

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1. Name in Full :- .....

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2. Name with Initials:.....

3. Gender: Male / Female

4. Civil status:.....

5. I. Private Address:.....

.....

Telephone No: .....

Mobile No: .....Email- .....

II. Official Address: .....

.....

6. I. Date of Birth: .....

II. Age on 31.07.2026: Year:..... Months: ..... Days:.....

7. I. Nationality:.....

II. National Identity Card No: .....

8. Educational Qualifications (Attach the copy/s)

Educational qualifications	Name of school/ Institute.	Class or Grade	Year	Subject

09. Professional Qualifications (Details with the dates obtaining such Qualification ) (If applicable) (Attach the copy/s)

Professional qualification/s	Name of University/Institute	Class or Grade	Year	Subject/s

10. Employment details (if any)

- I. Employer: .....
- II. Address: .....
- III. First Appointment:.....
- IV. Date of first Appointment:.....
- V. Present Post:.....
- VI. Period of service:.....

11. Previous publications or Research Experiences if any:.....

12. Registered Medical council details

- i. Name of the Medical council:.....
- ii. Registration Number: .....
- iii. Duration of Registration upto 15.07.2026 .....

13. Are you registered for any course at the University of Colombo or at any other University / Institution? If so, give details

14. Payment Details: Please attach a copy of the Payment slip of the registration fee (Rs. 2000/=)

I certify that the above information given by me is true and correct to the best of my knowledge and I am prepared to abide by the rules and regulations of the registration and the award of Certificate at the Faculty of Indigenous Medicine, University of Colombo.

.....

Date

.....

Signature of Applicant

**Recommendation of the Head of the Department of the / Faculty (If applicable)**

If this Applicant is selected for this course he/she can be/ cannot be released from this Department / Faculty.

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Date:

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Signature of Head of the Department / Faculty