

Passport size Recent
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Application for the Registration of the Certificate in Ayurveda Pharmacy – 2025

FACULTY OF INDIGENOUS MEDICINE, UNIVERSITY OF COLOMBO

01. i. Name in Full:

ii. Name with Initials:

02. Sex: Male / Female

03. Civil Status:

04. i. Private Address:

ii. Official Address:

iii. Phone Number: Mobile:

Official:

iv. Email Address:

05. i. Date of Birth:

ii. Age on 01.01.2025: Year Month Date.....

06. i. Nationality:

ii. National Identity Card no/ Passport no.:

07. i. Educational Qualifications:

GCE (O/L) - YEAR

- 01.
- 02.
- 03.
- 04.
- 05.
- 02.
- 03.
- 04.
- 05.
- 06.
- 07.
- 08.
- 09.
- 10.

GCE (A/L) – YEAR.....

- 01.
- 02.
- 03.
- 04.

ii. Other Qualifications:

08. If you are an Employee,

i. Name of the Employer:

ii. Address:

09. Present Employment:

10. Period of Service:

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 Institute of Indigenous Medicine, University of Colombo.

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Date

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Signature of the Applicant

Recommendation of the Head of the Department or the / Institution (If applicable)

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

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Date.

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Signature of the Head of the Department/ Institution