FACULTY OF INDIGENOUS MEDICINE
UNIVERSITY OF COLOMBO

DIPLOMA IN AYURVEDA PHARMACY – 2026/2028

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APPLICATION FORM

Paste Photograph here

(Passport Size - 4cm x 3cm)

Please Note:
Complete the form, block capitals (necessary section) carefully and clearly. Processing will be delayed if the form is not properly completed. Before completing, any section please read the entire form and instructions.

A. Personal Details (Please write in BLOCK CAPITALS)

1. Full Name:

2. Name with Initials

3. Please record your name below in the form and order in which you wish them to appear on the University's records and on your final diploma certificate.

4. Title: Mr. ☐ Mrs. /Miss. ☐ Other ☐

5. Sex: Male ☐ Female ☐

6. Date of Birth: D D M M Y Y Y Y 7. Age as of 30/06 /2026 Years:

8. Nationality:

9. Citizenship:

10. NIC /Passport No:

11. Address for correspondence (Please write in **BLOCK CAPITALS**)

11.1. Permanent Address:

11.2. Contact Address (If it is different from permanent address):

B. Contact Details

12. Mobile Number: /

13. Home Tel:

14. WhatsApp Number:

15. Email Address:

C. Educational Qualifications

G.C.E. (O/L) – Year: …… Examination Number: ……..

	Subject	Results
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

G.C.E. (A/L) – Year: …… Examination Number: ……..

	Subject	Results
1.		
2.		
3.		
4.		

D. Working/ Training Experience

16. Previous Working or Training experience (If Any)

	Description of the working or training experience	Period of service/training	Working Place (Address)
1.			
2.			

16. Current employment (If relevant)

Date of Appointment	Job title	Employer / Address	Employer Contact No.

E. Details of Referees

17. Non related referees

	Name of the referee	Designation	Employer / Address	Contact Number
1.				
2.				

DECLARATION OF THE APPLICANT

I certify that all information provided above is correct and I agree to abide by and be subjected to the regulations of the FIM, if this application is accepted.

…… ……

Date Signature

Recommendation of the Head of the Department / Institution (if applicable)

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

…… ……

Date Signature of Head of the Department/ Institution

Please read the following details carefully and submit to the Faculty of Indigenous Medicine with the application and requested documents accordingly.

One true copy of each of the following should be attached with the application form.

1. Two Passport size Color photographs (4cm x 3cm background should be Sky Blue jpg format)

2. One Photocopy of the Birth certificate

3. Educational certificates (A/L, O/L, etc..) and Service certificates

4. Bank payment receipt (You are requested to pay the application fee of Rs. 2 000.00 for the account number to any branch of People's Bank.)

Account Number: 078-1001-22268432
Bank: People's Bank
Branch: YMBA Branch, Borella.


PEOPLE'S BANK
මහජන බැංකුව | மக்கள் வங்கி
තැන්පතු පත | வைப்புச்சீட்டு | Deposit Slip
Office Copy
ගිණුම් අංකය கணக்கு இலக்கம் Account Number
0 7 8 1 0 0 1 2 2 2 6 8 4 3 2
දිනය திகதி Date
Faculty of Indigenous Medicine, University of Colombo
Name of Account Holder
Give the following information only when a deposit of over Rs. 200,000/- is made by a person other than the Account Holder.
Your Name
Your Address
Phone Number
Your ID Number
NIC/PP/ D.L. No.
Diploma in Ayurveda Pharmaceutical 2023/2025
Purpose
Cash Depositor's Signature
Notes
x 5000
x 2000
x 1000
x 500
x 200
x 100
x 50
x 20
x 10
Coins
Total
Rs.
Cts.
Valid if Overprinted or Signed by an Officer
Do Not Write Anything Below This Line

- Completed application form along with certified copies of the documents mentioned above should be scanned and emailed via (**head.dgvsv@fim.cmb.ac.lk**) and also send through the registered post to reach the **Deputy Registrar, Faculty of Indigenous Medicine, University of Colombo, Rajagiriya** on or before the closing date.

Please mention "**Diploma in Ayurveda Pharmacy 2026/2028**" Left upper corner of the envelope.

CHECKLIST (Please mark all documents submitted)

No	One certified copy of each of the following	To be marked by the applicant	To be marked by FIM
01	02 Color photograph – passport size		
02	Birth certificate		
03	Certified copies of educational certificates		
04	Certified copy of Service certificates		
05	Payment receipt		