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

Application for Registration of

Certificate in Herbal Cosmetic Product Development- 2026 4th Intake

1. Name in Full :-

2. Name with Initials :.....

3. Sex : Male / Female

4. Civil status :.....

5. Personal Address:.....

Telephone No :

Mobile No:

WhatsApp Number :

II. Official Address:

6. I. Date of Birth:

II. Age on 01.01.2026: Year:..... Months: Dates:.....

7. I. Nationality:.....

II. National Identity Card no/ Passport no- :

8. Educational Qualification :

Academic qualifications (O/L and A/L)	Name of Institute.	Class or Grade	Year	Subject

09. Professional Qualification/ any other qualification (Details with the dates obtaining such Qualification) (If applicable)

Qualifications	Name of Institute.	Class or Grade	Year	Subject

10. If you are an employee;

I. Name of the Employer :

II. Address :

III. Contact no-

11. First Appointment :

12. Date of first Appointment :

13. Present Post:

14. Period of service :

15. Previous publications or Research Experiences is any :

16. Are you from cosmetology industry? (yes/No)

17. If yes, give details of the company/ field/post and duration

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

- Payment Details : Please attached the copy of Payment slip of the registration fee.

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.

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Date

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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 :

.....

Signature of Head of the Department / Faculty