For office use

Recent passport-sized colour photograph

FACULTY OF INDIGENOUS MEDICINE
UNIVERSITY OF COLOMBO
Application for Registration of

Certificate Course in Health Law for Indigenous and Allied Health Professionals

January 2026

1. Name in Full: ….…….....
   ……
2. Name with Initials: ……..…….
3. Sex: Male / Female: ……
4. Civil status: …….
5. Address
   5.1. Personal address: ……
   ……
   ..……
   5.2 Official Address:
   ..……..……
   …….
6. Contact details: Mobile No (WhatsApp)……..
   Email-……..

7. 7.1 Date of Birth: …….

7.2 Age on 01.01.2026: Years: ……. Months: ...…. Days: …….

8.

8.1 Nationality: ……..

8.2 National Identity Card No: …….

9. Educational Qualifications:

(Mention your O/L, A/L, Certificate/Diplomas/Degrees and attach the copies of such qualifications)

Academic qualifications	Name of School/Institution	Year
1. 2. 3. 4. 5.		

10. Professional Qualifications

(Attach the copies)

Professional qualifications	Name of Institute	Class or Grade	Year	Subject
1. 2. 3. 4.				

11. Details of employment

11.1 Name of the working place and address:

……..

……..

……

11.2 Date of Appointment: ……

11.3 Present Post: ……

11.4 Previous working experience: ……

……

……

12. Payment Details of application fee:

(Attach a copy of the Payment slip)

Registration fee – Local applicants – LKR 3000.00

12.1 Date of payment: ……

Account details –
Account holder's Name – Faculty of Indigenous Medicine, University of Colombo
Bank – People's Bank, Borella branch,
Account No- **078-1001-22268432**
Reference No- **3420087** (this has to be mentioned on the slip)
Online payments can be made.

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 the Certificate at the Faculty of Indigenous Medicine, University of Colombo.

…… ……

Date Signature of Applicant