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

Application for Registration of

Certificate Course in Herbal Cosmetic Product Development- 2025

1. Name in Full :-

2. Name with Initials :.....

3. Sex : Male / Female

4. Civil status :.....

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

Telephone No :

Mobile No:

II. Official Address:

6. I. Date of Birth:

II. Age on 01.01.2024: 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.

.....

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 :

.....

Signature of Head of the Department / Faculty