



Elective Placement Programs for Overseas Medical Students
Faculty of Indigenous Medicine,
University of Colombo, Sri Lanka
Application

PERSONAL DETAILS

1. NAME IN FULL

Please attach
a recent
passport
sized
photograph

2. NAME WITH INITIALS (e.g. ML OSCAR)

3. TITLE (please tick the relevant cage)

Rev.	<input type="checkbox"/>	Prof.	<input type="checkbox"/>	Dr.	<input type="checkbox"/>	Mr.	<input type="checkbox"/>	Ms.	<input type="checkbox"/>
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4. DATE OF BIRTH

D	D	M	M	Y	Y	Y	Y

5. GENDER (please tick the relevant age)

Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
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6. PASSPORT DETAILS (Must be a foreign passport holder)

A. PASSPORT NUMBER

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B. NATIONALITY

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❖ PLEASE ATTACH A COPY OF THE DATA PAGE OF YOUR CURRENT PASSPORT

7. ADDRESS

Line1	
Line2	
City	
State/Province	
Country	
Postal Code	

8. TELEPHONE NUMBER

Primary	
Alternative	

9. EMAIL ADDRESS

10. EMERGENCY CONTACT DETAILS

(Please give the details of responsible adult residing in your home country)

Name	
Phone number	
email	

DETAILS OF CURRENT STUDIES

11. UNIVERSITY/COLLEGE/FACULTY YOU ARE CURRENTLY ENROLLED IN

12. COURSES/SUBJECTS BEING FOLLOWED AT THE TIME OF APPLICATION

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

13. CURRENT GPA /EQUIVALENT

14. RECOMMENDATION OF THE HEAD OF YOUR CURRENT FACULTY

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Signature of Head of Faculty

Date.....

DETAILS OF PROGRAMS APPLYING FOR

15. PROGRAMMES YOU INTEND APPLYING

1	
2	
3	
4	
5	

16. INTENDED DATE OF COMMENCEMENT OF THE ELECTIVE PROGRAMME

D	D	M	M	Y	Y	Y	Y

17. INTENDED DATE OF COMPLETION OF THE ELECTIVE PROGRAMME

D	D	M	M	Y	Y	Y	Y

18. REASONS FOR APPLYING FOR THE ELECTIVE PROGRAMME THE FACULTY OF INDIGENOUS MEDICINE, UNIVERSITY OF COLOMBO
(please give a short description)

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REASONS FOR APPLYING TO THE CHOSEN PROGRAM/S

.....

19.NAMES AND CONTACT DETAILS OF TWO NON-RELATEDREFEREES

Referee1	
Name	
Title	
Institute	
Address	
Email	
Phone	
Referee2	
Name	
Title	
Institute	
Address	
Email	
Phone	

I certify that the above information is accurate to the best of my knowledge.

Signature <i>(You may put your digital signature)</i>								
Date	D	D	M	M	Y	Y	Y	Y

OFFICE USE ONLY

Name of Applicant..... Date.....

RECOMMENDATIONS OF THE HEADS OF DEPARTMENTS OF THE PROGRAMS APPLIED FOR

Name of program.....

Recommendation.....

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Signature

date

official frank

Name of program.....

Recommendation.....
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Signature date official frank

Name of program.....

Recommendation.....
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Signature date official frank

Name of program.....

Recommendation.....
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Signature date official frank

Name of program.....

Recommendation.....
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Signature date official frank

RECOMMENDATION OF THE DEAN OF THE FACULTY OF INDIGENOUS MEDICINE UNIVERSITY OF COLOMBO

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Signature date official frank

RECOMMENDATION OF THE VICE CHANCELLOR OF THE UNIVERSITY OF COLOMBO

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Signature date official frank