Postgraduate and Mid-career Development Unit

University of Colombo – Sri Lanka

Name of the course : Certificate Course in Ayurveda Wellness Tourism

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1. Name in Full : ……...

2. Name With Initials : ……

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3. Rev/ Mr./ Mrs./ Miss : ……

4. Postal Address : ……

5. Telephone Nos : Residence – ……

Mobile – ……...

6. E mail address : ……..

7. National ID No : ……

8. Date of Birth : ……

9. Civil status : ……

(Married/ Unmarried/ Other)

10. Nationality : ……

(By descent of registration/ by registration)

11. Educational Qualification G.C.E. (O/L) and G.C.E (A/L)

G.C.E. (O/L)

1st sitting

Year : .....

Index No : .....

Subject	Grade
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2nd sitting

Year : .....

Index No : .....

Subject	Grade
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G.C.E (A/L)

1st sitting

Year : .....

Index No : .....

Subject	Grade
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2nd sitting

Year : .....

Index No : .....

Subject	Grade
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12. Higher Education (Degrees, Diplomas, Certificate Courses)

Name of the University/ Institute	From	To	Course followed with Subjects	Class/ Grade
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13. Date of Internship **:** …… (If applicable)

14. Professional Qualifications

(Details with date, place, ect.such qualifications)

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15. Highest examination passed in Sinhala/ English/ Tamil

Sinhala : ……

English : ……..

Tamil : ……..

16. Achievements in sports/ extra-curricular/ social services activities

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17. Any other qualifications/ Computer Awareness/ Competency

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18. Name of two persons to whom reference nonrelated can be made

	Name	Address	TP No.	E mail
1.	.....			
	.....			
2.	.....			
	.....			

19. The medium of selection test if any state whether Sinhala/ English/ Tamil

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20. Present Occupation (If applicable)

I. Post : .....
II. Date of appointment : .....
III. Whether confirm in the present post : .....
IV. Place of work : .....

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V. Previous appointments if any, with dates

Department/ Institute	Post	From	To
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I certify that all the particulars given by me in this application are true and accurate. I am aware that if any particulars are found to be false or inaccurate prior to my selection, my application will be rejected, and that if particulars are found to be false or inaccurate after my selection, I will be dismissed from course without compensation.

....

Date Signature

Only for applicants who forwarded their applications through Heads of Institutions

Forwarded, I inform that Mr./ Mrs./ Miss. Could be released/ could not be released from this institution if selected for following the course

Date : ……

Head of the Institution: ……

Rubber Stamp :

**** Please provide passport size 02 photographs, certified copies of educational certificates, birth certificate and identity card with filled application form****