**Postgraduate and Mid-career Development Unit**

Office use only

Passport Size
Photograph

**University of Colombo – Sri Lanka**

**mYapdoa Wmdê iy uOHu jD;a;Sh ixj¾Ok tallh**

**fld<U úYajúoHd,h-Y%S ,xldj**

**Application Form**

**whÿï m;%h**

**Name of the course : POSTGRADUATE DIPLOMA IN KAUMARABHRITYA IN BALA POSHANA**

**mdGud,dfõ ku** : **කෞමාරභෘත්‍ය විෂයෙහි බාල පෝෂණ - පශ්චාද් උපාධි ඩිප්ලෝමාව**

1. Name in Full :

iïmQ¾K ku

1. Name With Initials :

 uq,l=re iu. ku

1. Whether Rev/ Mr./ Mrs./ Miss:

mQcH$uhd$ñh$fufkúh o hk j.

1. Postel Address :

(Any change should be

Communicated Immediately)

;eme,a ,smskh

^,smskh fjkia jqjfyd;a

fkdmudj oekaúh hq;=h&

1. Telephone Nos : ÿrl;k wxlhka

Residence Mobile e mails WhatsApp No

ksji cx.u ÿrl;k úoHq;a ;eme,a ,smskh jÜiawema wxlh

1. (a) Date of Birth :

 Wmka Èkh

(b) Age as at closing date of the application

 whÿïm;a Ndr.kakd wjika Èkg jhi

Years: Months: Days:

wjqreÿ udi Èk

1. National ID No :

cd;sl ye÷kqïm;a wxlh

1. Civil status :

(Married/ Unmarried)

újdyl$wújdyl nj

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

wOHdmk iqÿiqlï( w'fmd'i'^id'fm<& iy w'fmd'i'^W'fm<&

G.C.E. (O/L)

w'fmd'i'^id'fm<&

1st sitting 2nd sitting

m<uq jr fojk jr

Year : …………………… Year : ……………………

jir jir

Index No : …………………… Index No : ……………………

úNd. wxlh úNd. wxlh

Subject Grade Subject Grade

úIh fY%aKsh úIh fY%aKsh

…………………… …….. …………………… ……..

…………………… …….. …………………… ……..

…………………… …….. …………………… ……..

…………………… …….. …………………… ……..

…………………… …….. …………………… ……..

…………………… …….. …………………… ……..

…………………… …….. …………………… ……..

…………………… …….. …………………… ……..

…………………… …….. …………………… ……..

G.C.E (A/L)

w'fmd'i'^W'fm<&

1st sitting 2nd sitting

m<uqjr fojkjr

Year : …………………… Year : ……………………

jir jir

Index No : …………………… Index No : ……………………

úNd. wxlh úNd. wxlh

Subject Grade Subject Grade

úIh fY%aKsh úIh fY%aKsh

…………………… …….. …………………… ……..

…………………… …….. …………………… ……..

…………………… …….. …………………… ……..

…………………… …….. …………………… ……..

1. Higher Education (Degrees, Diplomas, Certificate Courses)

Wiia wOHdmk iqÿiqlï ^Wmdê" ämaf,daud" iy;sl m;% mdGud,d&

Name of the University/ From To Course followed Class/

 Institute with Subjects Grade

úYajúoHd,fha$wdh;kfha isg olajd yodrd we;s mdGud,dj mka;sh

 ku úIhkao iys;j fYa%Ksh

1. Professional Qualifications:

(Details with date, place, reg.no. of obtaining such qualifications)

jD;a;Sh iqÿiqlï ^tjeks iqÿiqlï ,nd .;a Èkh" ia:dkh" ,shdmÈxÑ wxlh&

1. Details of Internship Training (if relevant) : …………………………………

iSudjdisl mqyqKq ld,iSudj ^wod< kï muKla&

|  |  |  |
| --- | --- | --- |
| No | Training Centre $mqyqKq uOHia:dkh | Period $ld, iSudj |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. Sri Lanka Ayurvedic Medical Council/ any other Council reg. No and date

Y%S ,xld wdhq¾fõo ffjoH iNdfõ fyda fjk;a iNdjl ,shdmosxÑh ,nd we;akï tu wxlh iy Èkh

|  |
| --- |
|  |

|  |
| --- |
|  |

1. Highest examination passed in Sinhala/ English/ Tamil

isxy,$bx.%Sis$fou< úIhkaf.ka iu;a by<u úNd.h

Sinhala$ isxy, : ………………………………………………………………………………….

English $bx.%Sis : …………………………………………………………………………………..

Tamil$ fou< : …………………………………………………………………………………..

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

l%Svd ch.%yK$fjk;a ndysr l%shdldrlï$iudc fiajd lghq;=

1. Any other qualifications

fjk;a iqÿiqlï

1. Names of two non-related referees

Tn.ek f;dr;=re úuish yels ×d;Ska fkdjk fofofkl= ms<sn| úia;r

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name $ku** | **Address$,smskh** | **TP No.$ÿ'l' wxlh** |
| 1 |  |  |  |
| 2 |  |  |  |

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

wod< mdGud,djg n|jd .ekSug úNd.hla meje;ajqj fyd;a fmkS isàug wfmalaId lrk udOHh ^isxy,o$fou<o$bx.%Siso& hkqfjka i|+yka lrkak

1. Present Occupation$j¾;udk ;k;=r
2. Post :

;k;=r :

1. Date of appointment :

Bg m;a jQ Èkh :

1. Whether confirm in the present post :

oekg orK ;k;=frys ;yjqre lr we;so hk j. :

1. Place of work :

fiajd ia:dkh :

1. Previous appointments if any, with dates

l,ska oerE ;k;=re we;akï ta ms<sn| úia;r

Department/ Institute Post From To

fomd¾;fïka;=j$wdh;kh ;k;=r isg olajd

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 the course.

fuu b,a¨ïm;%fha ud úiska i|yka lrk ,o úia;r i;HjQo ksjerÈ jQ o tajd nj fuhska iy;sl lrñ'fuu úia;r wi;H fyda jerÈ tajd nj ud f;dard .ekSug fmr fidhd.kq ,enqj fyd;a udf.a whÿïm;%h m%;slafIam lrkq ,nk njo f;dard .ekSfuka miqj fuu úia;r wi;H fyda jerÈ tajd nj fidhd.kq ,enqj fyd;a ud mdGud,dfjka my lrkq ,nk njo uu oksñ'

Date $oskh Signature $w;aik

**Only for applicants who forwarded their applications through Heads of Institutions**

**wdh;k m%OdkSka u.ska whÿïm;a bÈßm;a lrk whÿïlrejka i|yd muKs'**

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

bÈßm;a lrñ" Tyq$weh fuu mdGud,dj i|yd f;dard .kq ,enqj fyd;a fuu wdh;kfha fiajfhka uqodyeßh yel$fkdyel'

Institution:

wdh;kh

Name of the Head of the Institution/ Dept:

wdh;k m%Odkshdf.a ku

Designation:

;k;=r

Signature:

w;aik

Date:

Èkh

Rubber Stamp:

rn¾ uqødj

**POSTGRADUATE DIPLOMA IN KAUMARABHRITYA IN BALA POSHANA**

**APPLICATION FORM**

CHECK LIST (Please mark all documents submitted)

|  |  |  |  |
| --- | --- | --- | --- |
| No | One certified copy each of the following  | To be marked by the applicant  | To be marked by PGD office |
| 01 | 02 Color photograph – passport size |  |  |
| 02 | Birth certificate |  |  |
| 03 | Certified copy of Internship completion certificate |  |  |
| 04 | Certified copy of Undergraduate certificate |  |  |
| 05 | Certified copy of Service certificates  |  |  |
| 06 | Payment receipt |  |  |

Signature of Applicant: …………………………….. Date: ……………

# -------------------------------------------------------------------------------–—————————————

# OBSERVATIONS OF COURSE COODINATORS

I certify that the facilities available for follow the Postgraduate Diploma in Kaumarabhrithya in Bala Poshana

Remarks if any:

……………………….. ……………………………..

Date Coordinator/ PGDip(KB)(BP)

……………………….. ……………………………..

Date Coordinator/ PGD

**RECOMMENDATION OF THE BOARD OF STUDY**

…………………………………………………………………………………………………

The Board of Study **recommends/does not recommend** the issue of the letter of registration after the paymentof prescribed feesby the candidate.

………………….. ……………………………………

Date Chairman/Board of study/ PGDip(KB)(BP)