FACULTY OF INDIGENOUS MEDICINE



UNIVERSITY OF COLOMBO, SRI LANKA

DIPLOMA IN HEALTH TOURISM FOR AYURVEDA

APPLICATION FORM

Please note: Complete the form, block capitals (necessary section) carefully and clearly. Processing will be delayed if the form is not properly completed. Before completing, any section please read the entire form and instructions.

A. Personal details (Please write in BLOCK CAPITALS)

1. Surname / family name

First name

Middle name

2. Please record your names below in the form and order in which you wish them to appear on the University's records and on your final diploma certificate.

| 3. Title | Mr. | Mrs.Ms. | Dr. | Other | | |
|------------------|---------|---------|-----|------------------|---------|-------|
| 4. Sex Male Fe | emale | | | | | |
| 5. Date of birth | n 🗌 | | | 6. Age as at 28/ | 02/2023 | Years |
| DD/ M | M/YY | YY | | | | |
| 7. Nationality | | | | | | |
| 8. Citizenship | | | | | | |
| 9. NIC /Passpo | ort No. | | | | | |

10. Address for correspondence (Please write in BLOCK CAPITALS)

| Permanent Address | Contact | Address | (if | it | is | Postal code |
|-------------------|-----------|---------|------|-----|-----|-------------|
| | different | from | pern | nan | ent | |
| | address) | | | | | |
| | | | | | | |

11.Contact details

| Home Tel: | Office Tel: | |
|-----------|-------------|--|
| | | |
| Email: | WhatsApp No | |

12. Details of the Internship

| No | Training centre | Period |
|----|-----------------|--------|
| 01 | | |
| 02 | | |
| 03 | | |
| 04 | | |
| 05 | | |

13. Sri Lanka Ayurveda Medical Council Reg. No. and Date

14. Degree(s)/ Diploma(s) held or currently being taken

| Title of degree | University | Class | Date |
|-----------------|------------|-------|------|
| | | | |
| | | | |
| | | | |
| | | | |

15. Current employment

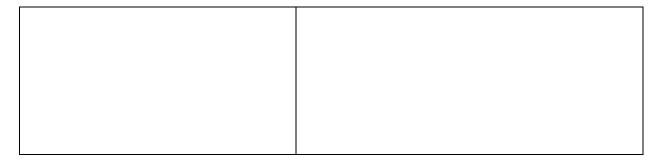
| Date started | Job title | Employer |
|--------------|-----------|----------|
| | | |

16. Details of the working experience

| Position / Appointment | Work Place | Period |
|---------------------------|------------|--------|
| | | |
| | | |
| | | |
| | | |

GIVE NAMES AND CONTACT DETAILS OF REFEREES

You must ask one unrelated referee to complete the following details. You should select a referee who is able to comment on your suitability for postgraduate study.



DECLARATION OF THE APPLICANT

I certify that all information provided above is correct and I agree to abide by and be subjected to the regulations of the FIM, if this application is accepted.

.....

.....

Date

Signature of Applicant

DIPLOMA IN HEALTH TOURISM FOR AYURVEDA

APPLICATION FORM

CHECK LIST (Please mark all documents submitted)

| No | One certifiedcopy each of the following | To be marked by the applicant | To be marked by FIM |
|----|---|-------------------------------|---------------------|
| 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:

OBSERVATIONSOFCOURSE COODINATORS

I certify that the facilities available for follow the diploma in Health Tourism for Ayurveda.

Remarks if any:

| | | • • | • | • | • | • | | • | • | • | • | • | • | • | • | • | • | • | • | • | • | |
|----|-----|-----|-------|---|---|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
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|---|---|---|----|---|----------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| I |) | a | ıt | | <u>,</u> | | | | | | | | | | | | | | | | | | | | | | | | |

Coordinator PGMC unit

Course Coordinator

RECOMMENDATION OF THE BOARD OF STUDY

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

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FACULTY OF INDIGENOUS MEDICINE UNIVERSITY OF COLOMBO, SRI LANKA

DIPLOMA IN HEALTH TOURISM FOR AYURVEDA

One true copy each of the following shuld be attached with the application form.

- 1. Color photograph (4cm x 3cm background should be Sky Blue jpg format)
- 2. Scanned copy of Birth certificate
- 3. Degree certificate / Service certificates /Internship completion certificate

4. Bank payment receipt (You are requested to pay the application fee of Rs.3 000.00 for the account number to any branch of People's Bank.)

•Please send by registered post or hand deliver the completed application form to the below mentioned address on or before the closing date.

Senior Assistant Registra Faculty of Indigenous Medicine,

University of Colombo

Rajagiriya, Sri Lanka.

Telephone No: