

FACULTY OF INDIGENOUS MEDICINE

UNIVERSITY OF COLOMBO

Office use only

Passport Size
Photograph

Application Form

Name of the Course

1. Name in Full :

2. Name with Initials :

3. Rev./ Mr./ Mrs./ Miss :

4. Postal Address :

(Any change should be communicated immediately)

5. Telephone Nos : Residence -
Mobile -
WhatsApp -

6. Email Address :

7. National ID No. :

8. Date of Birth :

Age as at closing date of the application
Years - Months - Days -

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

2nd Sitting

Year :

Year :

Index No :

Index No :

Subject Grade

Subject Grade

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G.C.E. (A/L)

1st Sitting

2nd Sitting

Year :

Year :

Index No :

Index No :

Subject Grade

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 :

14. Professional Qualifications

(Details with Date, Place, Reg. No. of obtaining such Qualifications)

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15. Highest Examination Passed in Sinhala/ English/ Tamil

Sinhala :

English :

Tamil :

16. Achievements in Sports/ Extracurricular/ Social services activities

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17. Any other Qualifications/ Computer Awareness/ Competency

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18. Names of two people to whom non-related reference can be made

	Name	Address	TP No.	Email
1.
2.

19. The medium of Selection Test (if any) state whether Sinhala/ English/ Tamil

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20. Present Occupation

- 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.

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Date

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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 :