

FACULTY OF INDIGENOUS MEDICINE UNIVERSITY OF COLOMBO

DIPLOMA IN AYURVEDA PHARMACEUTICS (BHAISHAJYAKA) – 2024/2026 භෛසජ්ජක ඩිප්ලොා පාඨමලාව

APPLICATION FORM

Paste Photograph here

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.

(Passport Size -4cm x 3cm)

A. Personal Details (Please write in BLOCK CAPITALS)

1. Full Name:

2. Name with Initials

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

4. T	itle:	Mr		I	Mrs.	/M	iss.		01	ther													
5. S	ex:	Ma	ale		Fer	nale	9																
6. D	ate	of B	irth	:	D	D	Μ	Μ	Υ	Υ	Υ	Υ	7	. Ag	e as	of 3	30/0	6 /2	2024	Yea	ars:		
8.1	Vatio	onal	ity:																				
9. (Citize	ensh	nip:																				
10.	NIC	/Pa:	sspc	ort N	lo:]					
11.	Add	ress	for	cor	resp	ond	enc	e (P	leas	e w	rite i	in Bl	LOC	к са	PIT	ALS))						
-	11.1	. Pe	rma	nen	t Ad	dres	ss:																

11.2. Contact Address (If it is different from permanent address):

B	Co	nta	ct D	eta	ils												
12.	Mob	ile I	Num	nber	: [] /	/					
13.	Hom	ne Te	el:]						
14.	Wha	itsA	pp N	lum	ber:												
15.	Ema	il Ac	ddre	ess:		 		 	 	 			 	 			

-

C. Educational Qualifications

Г

G.C.I	E. (O/L) – Year:	Examination Number:							
	Subject	Results							
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									

G.C.I	E. (A/L) – Year:	Examination Number:							
	Subject		Results						
1.									
2.									
3.									
4.									

D. Working/ Training Experience

16. Previous Working or Training experience (If Any)

	Description of the working or training experience	Period of service/training	Working Place (Address)
1.			
2.			

16. Current employment (If relevant)

Date of Appointment	Job title	Employer / Address	Employer Contact No.

E. Details of Referees

17. Non related referees

	Name of the referee	Designation	Employer / Address	Contact Number
1.				
2.				

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

Recommendation of the Head of the Department / Institution (if applicable)

If this Applicant is selected for this course, he/she can be/cannot be released from this Department /Institution.

.....

..... Signature of Head of the Department/Institution

Date

Please read the following details carefully and submit to the Faculty of Indigenous Medicine with the application and requested documents accordingly.

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

- 1. Two Passport size Color photographs (4cm x 3cm background should be Sky Blue jpg format)
- 2. One Photocopy of the Birth certificate
- 3. Educational certificates (A/L, O/L, etc..) and Service certificates
- 4. Bank payment receipt (You are requested to pay the application fee of Rs. 2 000.00 for the account number to any branch of People's Bank.)

Account Number: 078-1001-22268432 Bank: People's Bank Branch: YMBA Branch, Borella.

			තැන්පතු	පත ග	வப்புச்	சீட்டு∣Dep	osit Slip		Mice Copy
PEOPLE'S		ගිණුම් අංකය	கணக்கு 💈	லக்கம்	Accour	t Number		දීනය නියන් Date	
S BANK	මහජන බැංකුව ගக்கள் வங்கி	0 7 8	100) 1 2	2 2	684	3 2		
මළම නිමහාගේ නම Fact	ilty of Indigenous Medic	ne, Unive	rsity of (Colomb	0	லூல் தாள்கள் Notes		ଦେଞିରାଡ଼ି କ୍ରାମ i Rs.	sec சதப் Cts.
vame of Account Holder			land and a star			x 5000			
	ු ලබන රු. 200,000/ - ව වැඩි තැන්පතු සඳහා ප ා.200.000/ - සිළ, ළුළුසැන වෛ්සා්සාගිල් නොද්ගුලා					x 2000			
	osit of over Rs. 200,000/- is made by a person other			ா போத்து கைப	usiya.	x 1000			
58				x 500					
Name Your Name						x 200			
Your Address		දුරකථන අංසය දෙංකාංශීයන් - මුණ	Dhone	Numb		x 100			
ဖွားအ၏ TOULAUULESS Address		தொலைபேசி இல Tel. No.	FIIOTIE	NUITIN		x 50			
යා.කා. ස සිදේශ හමන් බහුපත් ඊහදුරු බහු	ed exec Your ID N	umber				x 20			
தே.அ.அ./கடவுச்சீட்டு/ ஊரதி அனுமதிப்பு		umber				x 10			
	මදුල් තැන්පත්කරන්	west option		1.	2000.000 2000.000	താരി ഉന്നങ്ങപങ്കണ Coins			
Purpose Pharmaceutical 202	പരു തലപ്പാണിം	ர கையொப்பம்				වසතුව මහාන්න්ව Total			
යන්තු මුදාව හෝ නිල අත්සන ඇත්නම් වලංශ	பி இயந்திர பதிவு அல்லது உத்திபோகபூர்	வ கையொப்பத்து	டன் செல்லுபடி	ஷயாகும் Va	lid if Ove	erprinted or Sign	ed by an Of	fficer	
මෙම ඉරට පහලින් කිසිවත් නොලියන්න இ	க் கொட்டுக்குக் கீட ு எதுவும் எழுத வேண்டா	Do Not Write	Anything Belo	w This Line					

 Completed application form along with certified copies of the documents mentioned above should be scanned and emailed via (<u>head.dgvsv@fim.cmb.ac.lk</u>) and also send through the registered post to reach the **Deputy Registrar, Faculty of Indigenous Medicine, University of Colombo, Rajagiriya** on or before the closing date.

Please mention "**Diploma in Ayurveda Pharmaceutics 2024/2026**" Left upper corner of the envelope.

No	One certified copy of 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 copies of educational certificates		
04	Certified copy of Service certificates		
05	Payment receipt		

CHECKLIST (Please mark all documents submitted)