



FACULTY OF INDIGENOUS MEDICINE, UNIVERSITY OF COLOMBO
APPLICATION FOR THE POST OF TEMPORARY DEMONSTRATOR
DEPARTMENT OF UNANI CLINICAL MEDICINE

(Academic year _____)

1. Title:

2. Full Name:

3. Name with Initials:

4. Address:

4.1 Permanent Address:

4.2 Temporary Address:

5. Contact No:

Mobile No:

Home:

6. Email Address:

7. National Identity Card No:

8. Date of Birth:

9. Civil Status:

10. Student Index No:

11. Name of the Degree:

12. GPA Value:

13. Internship Completed: ☐ Yes ☐ No

Date

Signature of Applicant