

**FACULTY OF INDIGENOUS MEDICINE
UNIVERSITY OF COLOMBO, SRI LANKA
APPLICATION FOR ADMISSION**

Application No:

1. 1.1. Name in full (Rev./Dr./Mr./Ms.):
- 1.2. Name with initials:
- 1.3. National Identity Card No:.....
- 1.4. Gender: Male Female
- 1.5. Nationality:

2. 2.1. Home address:.....
- 2.2 Telephone No: Office: Residence:..... Mobile:.....

3. 3.1. Address for correspondence:.....
- 3.2 E-mail address:.....

4. Date of birth: Year:.....Month:..... Date:.....

5. Qualifications*

Degree	University/ Institution	Class or Honours	Year of award	Duration of programme	Medium

*List the certified transcript in a separate sheet

6. Employment details:

6.1. Current employment:

Date		Name & address of employer	Position
From D/M/Y	To D/M/Y		

6.2. Brief description of duties of current employment:

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6.3. Previous employment records, if any:

Date		Name & address of employer	Position
From D/M/Y	To D/M/Y		

7. Highest examination passed in English:.....

8. Area of research and tentative topic:

8.1. Area of research:.....

8.2. Tentative topic proposed for MPhil study:

.....

8.3. Research Proposal:

(Please attach the research proposal [on a separate sheet] with the length of around 1000 words.)

- 9. Past research experience:**
- 9.1. Undergraduate level:.....
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- 9.2. Masters level:
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.....
- 9.3. Any other (Please give details):
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- 10. Describe briefly why you are interested in the proposed area of Study:.....**
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.....
- 11. Are you registered for any course of study at this university or at any other university? If so, give details:**
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- 12. Publications and/or Conference papers presented with details /Study Programmes attended with dates (If space is not sufficient, please use a separate sheet)**
- A. Publications:
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- B. Conference papers presented:.....
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- 12.1. Study programmes/ Courses attended:.....
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- 13. Purpose of the engagement in MPhil study:**
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14. Names and addresses of two non-related referees (At least one referee should be one of your teachers at tertiary level)

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I certify that the information provided above is true and accurate to the best of my knowledge and I am prepared to abide by the rules and regulations governing the degree programmes of the University of Colombo.

Date:.....

Signature:.....

Notes:

1. Each applicant should hand over the following letter (Annexure 1) together with the Referee Report format (Annexure 2) to his/her referees after filling the format. Applicants should ensure that the referees send their reports directly to the Deputy Registrar/ Faculty of Indigenous Medicine, University of Colombo within two weeks after the closing of applications.
2. Application forms can also be downloaded from the FIM web site (WEB site: (fim.cmb.ac.lk) and payment of Rs. 6,000.00 (local applicants) / USD 50 (foreign applicants) can be made when submitting completed applications to the FIM. Completed application forms must be Submitted by hand / by registered post addressed to: **Deputy Registrar, Faculty of Indigenous Medicine, University of Colombo, Rajagiriya, Sri Lanka.**

Annexure 1: Request for referee letter

**FACULTY OF INDIGENOUS MEDICINE (FIM)
UNIVERSITY OF COLOMBO
MPHIL PROGRAMME 2025**

Name of the Candidate:

Name of the Referee:

Dear Sir/ Madam,

The above candidate has quoted you as one of his/her referees in his/her application for enrolment in the MPhil programme of this faculty. I shall be grateful if you could kindly send me your assessment of the candidate's suitability and potential (on the basis of your experience in prior training, language competence, interest and commitment) for MPhil studies in the following format. Please be good enough to send your report as a confidential document in a sealed envelope to reach me on the address given below or via my personal email address given below.

Thanking you.

Yours sincerely

Coordinator – MPhil Programme 2025 Faculty of Indigenous Medicine
University of Colombo,
Sri Lanka

Email-

REFEREE REPORT

(Use additional sheets if required)

Name of the Candidate:.....

Name of the Referee:.....

Position:.....

Official affiliation & address:.....

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Contact Number:.....

Email:.....

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Signature:.....

Date:.....