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**FACULTY OF INDIGENOUS MEDICINE
UNIVERSITY OF COLOMBO RAJAGIRIYA**

Application for Registration of

Certificate Course in Yoga Therapy – 4th Intake (2024 December)

1. Name in Full :-

2. Name with Initials:.....

3. Sex: Male / Female

4. Civil status:.....

5. I. Private Address:.....

Telephone No:

Mobile No:Email-

II. Official Address:

.....

6. I. Date of Birth:

II. Age on 30.10.2024: Year:..... Months: Days:.....

7. I. Nationality:.....

II. National Identity Card No:

8. Educational Qualifications:

Academic qualifications	Name of Institute.	Class or Grade	Year	Subject

09. Professional Qualifications (Details with the dates obtaining such Qualification) (If applicable)

Academic qualifications	Name of Institute.	Class or Grade	Year	Subject

10.

I. Employer:

II. Address:

11. First Appointment:.....

12. Date of first Appointment:.....

13. Present Post:.....

14. Period of service:.....

15. Previous publications or Research Experiences if any:.....

16. Are you registered for any course at the University of Colombo or at any other University / Institution? If so, give details

- Payment Details: Please attach a copy of the Payment slip for the registration fee (2000/=)

I certify that the above information given by me is true and correct to the best of my knowledge and I am prepared to abide by the rules and regulations of the registration and the award of Certificate at the Faculty of Indigenous Medicine, University of Colombo.

.....

Date

.....

Signature of Applicant

Recommendation of the Head of the Department of the / Faculty (If applicable)

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

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Date:

.....

Signature of Head of the Department / Faculty