For office use

Recent passport-sized colour photograph

FACULTY OF INDIGENOUS MEDICINE
UNIVERSITY OF COLOMBO
Application for Registration of

Certificate Course in Yoga Therapy (CCYT) – 8th Intake (January 2027)

1. Name in Full: ….…….....
   ……
   ……
2. Name with Initials: ……..…….
3. Sex: Male / Female: ……
4. Civil status: …….
5. Address
   5.1. Personal address: ……
   ……
   ……
   5.2 Official Address:
   ……..……
   ……
6. Contact details:

   Mobile No (WhatsApp) ……

   Email- ……

7. 7.1 Date of Birth: …….

7.2 Age on 31.12.2027: Years: ……. Months: ...…. Days: …….

8.

8.1 Nationality: …….

8.2 National Identity Card No: …….

9. Educational Qualifications:

(Mention your O/L, A/L, Certificate/Diplomas/Degrees and attach the copies of such qualifications)

Academic qualifications	Name of School/Institution	Year
1. 2. 3. 4. 5.		

10. Professional Qualifications

(Attach the copies)

Professional qualifications	Name of Institute	Class or Grade	Year	Subject
1. 2. 3. 4.				

11. Details of employment

11.1 Name of the working place and address:

……..

……..

……

11.2 Date of Appointment: ……

11.3 Present Post: ……

11.4 Previous working experience: ……

……

……

12. Payment Details of application fee:

(Attach a copy of the Payment slip)

Registration fee – Local applicants – LKR 2500.00

Foreign applicants – LKR 5000.00

12.1 Date of payment: ……

12.2 Amount: …….

Account details –
Account holder's Name – Faculty of Indigenous Medicine, University of Colombo
Bank – People's Bank, Borella branch,
Account No- **078-1001-22268432**
Reference No**- 3420111** (this has to be mentioned on the slip)
Online payments can be made.

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 the Certificate at the Faculty of Indigenous Medicine, University of Colombo.

…… ……

Date Signature of Applicant

Note: The course will be conducted every Saturday from 8:00 am to 1:00 pm at the Faculty of Indigenous Medicine, University of Colombo.

Duration - 04 months (January 2027 to May 2027)

Recommendation of the Head of the Institution (If applicable)

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

……. ……

Date Signature of Head of the institution

(with a rubber stamp)