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**FACULTY OF INDIGENOUS MEDICINE**

**UNIVERSITY OF COLOMBO RAJAGIRIYA**

**Application for Registration of**

**Certificate Course in Yoga Therapy - 2024**

1. Name in Full :- …..……………………………………………………....

……………………………………………………………………………….

1. Name with Initials :……………………………………….………………

1. Sex : Male / Female

1. Civil status :……………………………………………………….
2. I. Private Address:…………………………………………………….

…………………………………………………………………………

Telephone No : ……………………………………

Mobile No: ……………………………………

II. Official Address: ………………………………………………………

……………………………………………………………………………...

1. I. Date of Birth: …………………………………………………..

II. Age on 01.01.2023: Year:……… Months: ……. Dates:………

1. I. Nationality:……………………………………………………….

II. National Identity Card no : ……………………………………….

1. Educational Qualification :

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Academic qualifications | Name of Institute. | Class or Grade | Year | Subject |
|  |  |  |  |  |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Academic qualifications | Name of Institute. | Class or Grade | Year | Subject |
|  |  |  |  |  |

10.

I. Employer : ……………………………………………………………

II. Address : ………………………………………………………………..

1. First Appointment :………………………………………………………
2. Date of first Appointment :…………………………………………………
3. Present Post:…………………………………………………………………
4. Period of service :……………………………………………………..
5. Previous publications or Research Experiences is any :…………………….

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

* Payment Details : Please attached the copy of Payment slip of the registration fee.

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.

………………. ………………………………………………

Date : Signature of Head of the Department / Faculty