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**FACULTY OF INDIGENOUS MEDICINE ,UNIVERSITY OF
COLOMBO, RAJAGIRIYA**
Application for Registration of
Certificate Course in Ayurveda Pharmacy – 2024

01. i. Name in full :

ii. Name with Initials :

02. Sex : Male / Female

03. Civil Status :

04. i. Private Address :

ii. Official Address:

05. i. Date of Birth :

ii. Age on 01.01.2024 : Year Month Date.....

06. i. Nationality :

ii. National Identity Card no/ Passport no. :

07. i. Education Qualifications

GCE(O/L)- YEAR

- 01.
- 02.
- 03.
- 04.
- 05.
- 02.
- 03.
- 04.
- 05.
- 06.
- 07.
- 08.
- 09.
- 10.

GCE (A/L) –YEAR.....

- 01.
- 02.
- 03.
- 04.

ii. Other Qualifications :

08. If you are an Employee,

i. Name of the Employer :

ii. Address :

09. Present Post :

10. Period of Service :

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, Sri Lanka.

Date

Signature of Applicant

Recommendation of the Head of the Department or the / Institution (if applicable)

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

Date

Signature of Head of the Department/ Institution