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| Office use only   |

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| Passport Size Recent Photograph (Colour)  |

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**FACULTY OF INDIGENOUS MEDICINE**

 **UNIVERSITY OF COLOMBO RAJAGIRIYA**

**Application for Registration of**

 **Certificate Course in Massage Therapy - 2023**

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)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Professional 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 attach 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