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**INSTITUTE OF INDIGENOUS MEDICINE, UNIVERSITY OF COLOMBO,
RAJAGIRIYA**

**Application for Registration of
Certificate Course in Massage Therapy - 2017**

1. I. Name in Full :

- II. Name with Initial :

2. Sex : Male / Female

3. Civil status :

4. I. Private Address :

Telephone No :
Mobile No:

- II. Official Address:

5. I. Date of Birth :
- II. Age on 01.01.2016: Year:..... Months: Dates:.....

6. I. Nationality :
- II. National identity card No :

7. Educational Qualification :

Academic qualifications	Name of Institute.	Class or Grade	Year	Subject

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

Academic qualifications	Name of Institute.	Class or Grade	Year	Discipline

9. I. Employer :
II. Address :
10. First Appointment :
11. Date of first Appointment :
12. Present Post :
13. Period of service :
14. Previous publications or Research Experiences is any :
15. Are you registered for any course at the University of Colombo or at the any other University / Institution? If so, given details

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 Institute of Indigenous Medicine, University of Colombo.

Date

Signature of Applicant

Recommendation of the Head of the Department of 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