**INSTITUTE OF INDIGENOUS MEDICINE**

Passport Size

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Passport Size

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**UNIVERSITY OF COLOMBO**

**RAJAGIRIYA – SRILANKA**

**INTRODUCTORY COURSE IN AYURVEDA**

**APPLICATION FORM FOR REGISTRATION**

Application No.: ……………………… Registration No.: ………………………………

(Office use only) (Office use only)

1. Name in full (Block Letters):

……………………………………………………………………………………………………………………………………………………………………………………………………………….

1. Name with initials:

……………………………………………………………………………………………………………………………………………………………………………………………………………….

1. Sex: Male/Female ………………………………
2. Civil status: ………………………………
3. Date of Birth: Date…………………Month……………………………………Year……………………………
4. Age: ……………………………………………..
5. Country and Nationality: …………………………………………………………………………
6. Permanent address and Telephone No.: ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….
	1. Mobile number: ………………………………
	2. Land number: ………………………………
	3. Email address: …………………………………
7. Present address and Telephone No.: ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………
	1. Mobile number: ………………………………
	2. Land number: ………………………………

1. Passport number and Expiry date: (Only for foreigners) …………………………………………………
2. Visa number and Expiry date: (Only for foreigners) ………………………………………………………
3. For Employees
	1. Name of the Post and Date of Appointment

………………………………………………………………………………………………

* 1. Name of the Employer/ Department/Ministry

 ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

* 1. Official address and Telephone No.: ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………
		1. Mobile number: ………………………….
		2. Land number: …………………………….
1. Educational qualifications: (certified copies should be attached)

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

1. Are you being registered for any course at University of Colombo/any other University? If yes give 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, Rajagiriya, Sri Lanka.

…………………………………………… ……………………………………...

 Date Signature of the Applicant

**Recommendation of the Head of the Department/Institute (If applicable)**

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

…………………………… ……………………..……...

 Date Signature of the Head of the Department/Institute

 Official stamp