DIPLOMA IN FORENSIC MEDICINE AND TOXICOLOGY

APPLICATION PROCEDURE

Duly completed applications should be submitted to the Department of Forensic Medicine with the following documents:

- Certified copies of academic certificates
- Certified copies of certificates of professional qualifications
- Certified copy of National Identity Card or Bio Page of the National Passport
- Evidence of proficiency in Sinhala

Post/ handover your application with relevant documents to:

Prof. Muditha Vidanapathirana,
Coordinator - Diploma in Forensic Medicine and Toxicology,
Department of Forensic Medicine,
University of Sri Jayewardenepura,
P.O. Box: 06, Gangodawila, Nugegoda.

IMPORTANT: Please write on the top left corner of the envelope "DIP/DFMT/2019-20"

CLOSING DATE OF APPLICATION: 10th March 2019

FOR OFFICE USE



No

UNIVERSITY OF SRI JAYEWARDENEPURA

Application Form for Diploma in Forensic Medicine and Toxicology (2019-2020) offered by the DEPARTMENT OF FORENSIC MEDICINE

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Course Name	Diploma in Forensic Medicine and Toxicology (2019-2020)																			
PART A – PERSONAL INFORMATION																				
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PART B – EDUCATIONAL QUALIFICATIONS

1.	EDUCATIONAL QUALIFICATIONS	(Attach Copies o	f Certificates)
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GCE (A/L) YEAR:	
Subjects	Grade
1.	
2.	
3.	
4.	

2. OTHER QUALIFICATIONS (Attach Copies of Certificates)

Institution	Course Duration	Field of Study/ Training	Qualification
1.			
2.			
3.			

3. WORK EXPERIENCE

Organization	From	То	Position	Nature of Work
1.				
2.				
3.				
4.				

4. SELF-ASSESSMENT OF PROFICIENCY IN SINHALA

	Very good	Good	Fair	Weak
Reading				
Writing				
Conversation				

SELF-ASSESSMENT OF PROFICIENCY IN ENGLISH

	Very good	Good	Fair	Weak
Reading				
Writing				
Conversation				_

5. FINANCIAL ASSISTANCE

	Self-Funded	Sponsored	Grant	Other (Specify)
How do you plan to finance				
your Diploma Course?				
If sponsored – by whom?				
If Grant, give Grant name, total				
amount				
If other - indicate				

6. BRIEFLY DESCRIBE YOUR REASONS FOR WISHING personal/ career interests)	TO ENROLL IN THE PROGRAM (Include your
07. GIVE NAMES AND CONTACT DETAILS OF TWO (02) REFEREES
1.	2.
I certify that the above information is true and correct. It cause the rejection of the application or revoking accepta	
Date	
	Signature of Applicant
Mail this application with relevant documents to:	
PROF. MUDITHA VIDANAPATHIRANA, COORDINATOR - DIPLOMA IN FORENSIC ME DEPARTMENT OF FORENSIC MEDICNE, UNIVERSITY OF SRI JAYEWARDENEPURA, PO BOX 06, GANGODAWILA, NUGEGODA.	DICINE AND TOXICOLOGY,
Mobile +94772988227; Office: +94112758000	(Ext- 4251), +94112802030
Please write on the top left corner of th	e envelope "DIP/DFMT/2019/20"
In addition to the hard copy, a copy ma	y be emailed: dfmt@sjp.ac.lk