



**03. Statement of the Applicant**

I certify that all particulars given in this application form are true and accurate, and I am neither an internal student nor an external degree candidate of a University in Sri Lanka. In the event of my application for registration being accepted, I shall abide by all regulations applicable to external degree candidates of the CDCE, University of Kelaniya.

**I agree**

That so long as I am an external candidate of the CDCE, University of Kelaniya, I will not be entitled to register or to sit for another degree course / examination of this University or of any other University or a Campus or to sit the G.C.E. (Advanced Level) Examination conducted by the Examinations Department of Sri Lanka with a view of gaining of admission to a University in Sri Lanka and that the CDCE, University of Kelaniya has the right to cancel my registration at any time.

Date:.....

Signature of the Applicant (Inside the cage)

**04. Attestation**

I hereby certify that the above named candidate, who is past student/ teacher of my school/ an officer in my office/ known to me personally has disclosed all information relevant to this application correctly and placed his/ her signature in my presence today

Date:.....

.....

Signature of the Attester

.....

.....

Name & Address of the Attester  
(Office Stamp)

**05. Recommendation of Ministry of Health**

Application of.....is recommended/ not recommended.

Date:.....

.....

Hospital Director

Application of .....is recommended/ not recommended.

.....  
Regional Director, Health Services

.....  
Provincial Director, Health Services

Date:.....

Application of ..... Is approved/ not approved

Date:.....

.....

Director General/Health Services


**PLEASE POST AN ADVANCE COPY TO THE CDCE AFTER COMPLETEING SECTION 1 – 4**

Please make payment of Rs.1000.00 for any branch of People's bank for the following account number. (As per the speciman) 055100110027655.

Please attach "customers copy" of the bank slip with the advance copy of your application and send directly through registered post to CDCE after filling 1 – 4 of the application.

**N.B.**

**You are kindly advised to keep photocopies of the set of documents including bank slip.**

	මහජන බැංකුව <b>PEOPLE'S BANK</b>	තැන්පතු පත <b>DEPOSIT SLIP</b>	ගනුදෙනු අංකය/Transaction Id <b>055100110027655</b>	දිනය/Date [ ][ ] / [ ][ ] / [ ][ ][ ][ ]		
ගිණුම හිමියාගේ නම Name of Account Holder		University of Kelaniya, Centre for Distance & Continuing Education		Notes	Rs.	Cts.
සම්පූර්ණ නම Full Name				.....X5000		
ලිපිනය Address		දුරක අංකය Telephone No.		.....X2000		
ජාතික හැඳුනුම්පත් අංකය NIC No.				.....X1000		
හේතුව /Purpose:		B.Sc (External) Physiotherapy Application fee		.....X500		
මුදල් තැන්පත් කරන්නාගේ අත්සන Cash Depositor's Signature				.....X200		
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				.....X50		
				.....X20		
				.....X10		
				Coins		
				Total	1,000	00
මෙම ඉටු පහලින් කිසිවක් නොලියන්න/DO NOT WRITE ANYTHING BELOW THIS LINE						
						Checked by