

## DEPARTMENT OF PSYCHIATRY

## FACULTY OF MEDICAL SCIENCES UNIVERSITY OF SRI JAYEWARDENEPURA



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■ psycdemos@gmail.com

1. Full Name (Please write in block letters)	:	:		
2. Full Name in Sinhala		:		
3. Name with Initials		:		
4. NIC No		:		
5. Age	:			
6. Date of Birth		:		
7. Permanent Address		:		
8. Work Place		:		
9. Contact Numbers		: Home		
	N	Sobile		
10. Educational Qualifications				
G.C.E. O/L G.C.E. A/L		Degree	Higher degree	

11. Professional Qualifications			
12. Please write a brief essay on the reasons that	interested you to enroll for this programme.		
(Maximum 500 words and please attach a separate sheet)			
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10 N D L 1D C			
13. Non Related Referees			
I hereby above details are true and correct.			
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Date	Signature of the applicant		