

Please complete this form and return it to:


Office of the Dean, Faculty of Medicine, Adiyapatham Road, Kokuvil, Jaffna, Sri Lanka

Tel: +94212222073; email: deanmedicines@jfn.ac.lk

Notes

- All sections of this form must be completed in full.
- Please TYPE all details except your signature. This form must be emailed with the required supporting documents to deanmedicines@jfn.ac.lk.
- Correspondence will be by email. Please ensure that your email address is clearly legible.
- Applications can take up to six weeks to process.

Section 1 – Applicant details

Applicant Photograph		
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Personal details													
Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Dr <input type="checkbox"/>	Other (please specify)							
First name					Middle name(s)								
Last name													
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>											
Date of birth	D	D	/	M	M	/	Y	Y	Y	Y			
Nationality													
Passport No													
Your qualifications	Please give the qualifications you wish to appear on your records (e.g. BA, BSc/MBBS)												

Section 1 - Applicant details (cont.)

Current residential address						
Address						
City/town					Postal Code	
Country						
Telephone number	Country code		Area/City code		Number	
Mobile number	Country code		Area/City code		Number	

Correspondence with you will be by email. Please ensure that your email address is correct and clearly legible.

Email address																												
Please print very clearly																												

Section 2 – Education and qualifications

1. University education (start with most recent)			
University			
Level	Bachelors <input type="checkbox"/>	Masters <input type="checkbox"/>	Doctorate <input type="checkbox"/>
Area of specialization/ Major			
Date of graduation (if applicable)			

2. University education			
University attended			
Level	Bachelors <input type="checkbox"/>	Masters <input type="checkbox"/>	Doctorate <input type="checkbox"/>
Area of specialization/ Major			
Date of graduation			

3. Other professional qualifications (if applicable)	
Please provide details of any other professional qualifications that you have gained	

Section 3: Details of preferred elective appointment

Department (list in order of priority)	No. of weeks	Preferred dates	
		From	To

Note: A student may select up to six departments

Section 4 – Applicant declaration

This section must be signed by the applicant.

- I confirm that I do not have any criminal convictions, other than that may have arisen from road traffic accidents, and that I am not aware of any circumstances that would make me unsuitable for studentship as an Elective Student of the Faculty of Medicine, University of Jaffna, Sri Lanka.
- I will enter Sri Lanka with Student Visa for my elective attachment(s) at the Faculty of Medicine, University of Jaffna
- I am aware that a payment of US \$55 per week must be paid to the University of Jaffna.
- I will ensure that the relevant amount is paid in full to the **Finance Branch, University of Jaffna** or a branch of the **People's Bank**, before I commence my elective attachment at the Faculty of Medicine, University of Jaffna.
- I understand that I will need to produce proof of payment along with the letter of authorization from the Dean to the elective coordinator before I commence my elective attachment at the Faculty of Medicine, University of Jaffna.

Name (BLOCK CAPITALS)			
Signature		Date	