


## APPLICATION

**\*Please select the courses according to your interest, indicating the priority of selection as 1,2,3,4,5**

<b>Postgraduate Diploma in Management and Administration of Ayurveda Institutions</b>	
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**Photo**

<b>Master of Science in Management and Administration of Ayurveda Institutions</b>	
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## Postgraduate Diploma in Kāyacikitsā

Postgraduate Diploma in Pañcakarma

Postgraduate Diploma in Shalyatantra

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E-mail Address	
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Telephone	Home									
	Office									
	Mobile									

Civil Status	Married	
	single	

NIC No														
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G	Male	
	Female	

Date of Birth	Date	Month	Year

Age (To the date 12.08.2018)	Y	M	D

01. Registration no & date in Ayurveda Medical Council or any Other Professional Authority

No					
Date					

02. Academic qualification (attach certified copies of certificates)

University/ institute	Period	Major Field	Degree/diploma	Class-if any	Year

03. Professional Qualification (attach certified copies of certificates)

Institution	Period	Field of study/ Training	Qualification	Year

04. Other qualifications (if any)

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05. Work experience (start with the current Position)

Organization	Position	Period	Nature of work

06. Research work (if any)

List research topic, and the nature of the research activity undertaken

07. Publications (if any)

08. Self Assessment of proficiency in English

	Very good	Good	Fair	Weak
Reading				
Written				
Speaking				

09. Self Assessment of proficiency Computer Literacy

	Very good	Good	Fair	Weak
Computer Literacy				

10. If any are an employee, do you have the approval of the employer  
(Give details of your leave arrangement)

11. Briefly describe your reasons to apply this programme  
(Include your personal/ career interest)

12. Give name and contact details of Non-related referees

1

2

I certify that the above information are true and correct according to the best of my knowledge.

I understand that misrepresentation in the application will cause the reject of application or revoking acceptance for admission at any stage

.....  
Date

.....  
Signature of applicant

Recommendation of the head of department / institute

Dr./Mr./Ms./.....who is employed  
as.....at the Department / Organization will be  
released on full-time study to follow the.....  
Conducted by the Gampaha Wickramarachchi Ayurveda institute, university of Kelaniya.

.....  
Date

.....  
Signature of the Head of the department / institute

Office stamp

Name : .....  
Designation : .....  
Address : .....  
.....

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Instructions to the Applicant

- \* Please attach Certified Copies of the following certificates/ document
  - Birth certificate
  - National identity card
  - Academic Qualifications
  - Professional Qualifications
  - Certificate of the Registration (with the Ayurveda Medical Council)
  - Work Experience
- \* Three copies of the color photograph (2X2.5cm) should be sent with the application and one copy should be pasted on the provided cage of the first page.