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**DEPARTMENT OF NURSING**

FACULTY OF ALLIED HEALTH SCIENCES, UNIVERSITY OF PERADENIYA

# **Application for Admission to the**

# **Advanced certificate in care giving course**

## For Office Use Only

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| **NAME WITH INITIALS: …………………………………………………………………………………………………..****FULL NAME: (Mr./Miss/Mrs./) ……………………………………………………………………………………………...*****(Please write in BLOCK letters)*** |
| **MAILING ADDRESS: ………………………………………………………………………………………………………****.…………………………………………………………………………………………………………………………..…….****…………………………………………………………………………………………………………………………………****E-MAIL: ………………………………………………………………………………………………………………………****PHONE NO: ………………………………………………………………………………………………………………….** |
| **HOME ADDRESS: ………………………………………...…………………….****……………………………………………………………………………………..****……………………………………………………………………………………..****……………………………………………………………………………………..** | **Phone:** **……………………………….** |
| **DATE OF BIRTH: ……………………………………………………………….****CIVIL STATUS: ………………………………………………………………….** **GENDER (M/F): …………………………………………………………………** | **NATIONALITY: ……………………………………….****NATIONAL ID / PASSPORT NO.: ……………………………………….** |
| **EDUCATIONAL QUALIFICATIONS:****Please attach certified copies of certificate/s.** |
| **Examination GCE.(O/L)** |
| **Subjects** | **Results** | **Year** |
| **1.English****2. Science** | **……………………….****……………………….** | **……………………….****……………………….** |
| **Examination GCE. (A/L)** |  |
| **Subjects** | **Results** | **Year** | **Results** |
| **1.** **2.****3.** | **……………………….****……………………….****………………………..** | **……………………….****……………………….****………………………..** |
| **CURRENT EMPLOYMENT *(If applicable)*:** **DESIGNATION: ………………………………………………………………………………………………………….** **NAME & ADDRESS OF THE EMPLOYER: ………………………………………………………………………….** |
| **EMPLOYMENT RECORD *(If applicable)*:** |
| **Name and address of the Employer** | **Designation** | **Period (From – To)** |
|  |  |  |
| **I declare that the particulars given above are correct to the best of my knowledge and that I am currently NOT following any other care giving course in any University in Sri Lanka. In the event of me being selected for a program of study I have applied for, I hereby agree to abide by such Rules and Regulations of the Institute as are applicable to me.****Date: …………………………… Signature of Applicant: ………………………………………** |
| **DOCUMENTS TO BE INCLUDED WITH THE APPLICATION:** 1. G.C.E. A/L Certificate\*
2. G.C.E. O/L Certificate\*
3. Birth certificate\*
4. NIC\*
5. 2 self-addressed envelopes (22cm x 10cm) with Rs.150/= Stamp affixed.
6. Proof (Deposit slip) of the payment of application processing fee. (1000/- LKR)

Note: \* Need to send the certified copies and Originals of certificates should be produced on request / at the time of interview  |
| * Completed application in duplicate with supporting documents should be sent by Registered Post to :Head,

 Department of Nursing, Faculty of Allied Health Sciences, University of Peradeniya, Sri Lanka 20400along with proof of payment of Rs. 1,000/- to the account details mentioned below. The **Please indicate “Application for Advanced certificate in care giving course-2025” on the top left- hand corner of the envelope.*****Bank Details*** * Please deposit the application processing fee into the account mentioned below. Kindly note that this fee is non-refundable.

Bank : People’s BankBranch: PeradeniyaName of Account: Fund Account, Faculty of Allied Health SciencesAccount Number : 057-1-001-16994228**Closing date for application: 30th March 2025**  |