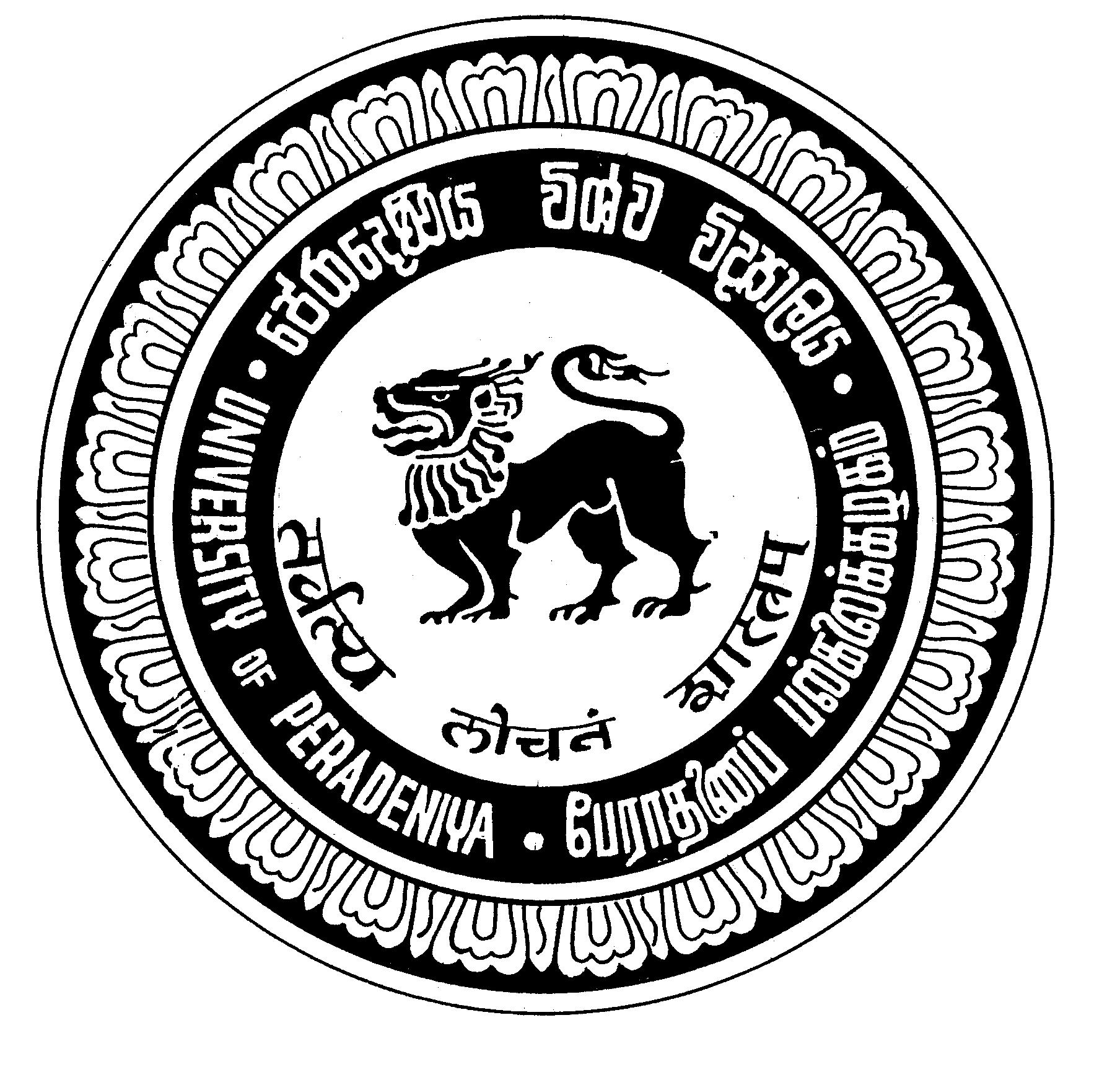
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**DEPARTMENT OF NURSING**

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  20400  along 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 Bank  Branch: Peradeniya  Name of Account: Fund Account, Faculty of Allied Health Sciences  Account Number : 057-1-001-16994228  **Closing date for application: 30th March 2025** | | | | | |