



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

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						
1.						
2.						
3.						
<p>CURRENT EMPLOYMENT (If applicable):</p> <p>DESIGNATION:</p> <p>NAME & ADDRESS OF THE EMPLOYER:</p>								
<p>EMPLOYMENT RECORD (If applicable):</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Name and address of the Employer</th> <th style="width: 33%;">Designation</th> <th style="width: 33%;">Period (From – To)</th> </tr> </thead> <tbody> <tr> <td style="height: 100px;"></td> <td></td> <td></td> </tr> </tbody> </table>			Name and address of the Employer	Designation	Period (From – To)			
Name and address of the Employer	Designation	Period (From – To)						
<p>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.</p> <p>Date: Signature of Applicant:</p>								
<p>DOCUMENTS TO BE INCLUDED WITH THE APPLICATION:</p> <ul style="list-style-type: none"> a) G.C.E. A/L Certificate* b) G.C.E. O/L Certificate* c) Birth certificate* d) NIC* e) 2 self-addressed envelopes (22cm x 10cm) with Rs.150/= Stamp affixed. f) Proof (Deposit slip) of the payment of application processing fee. (1000/- LKR) <p>Note: * Need to send the certified copies and Originals of certificates should be produced on request / at the time of interview</p>								

- 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