



INSTITUTE OF INDIGENOUS MEDICINE
UNIVERSITY OF COLOMBO, SRI LANKA

POSTGRADUATE DIPLOMA IN INDIGENOUS ORTHOPEDIC TREATMENT

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APPLICATION FORM

Please note: Complete the form, block capitals (necessary section) carefully and clearly. Processing will be delayed if the form is not properly completed. Before completing, any section please read the entire form and instructions.

A. Personal details (Please write in BLOCK CAPITALS)

1. Surname / family name

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First name

Middle name

2. Please record your names below in the form and order in which you wish them to appear on the University's records and on your final diploma certificate.

3. Title

Mr.

Mrs.Ms.

Dr.

Other

4. Sex Male Female

5. Date of birth

6. Age as at 28/02/2023

Years

DD/ MM/ YYYY

7. Nationality

8. Citizenship

9. NIC /Passport No.

10. Address for correspondence (Please write in BLOCK CAPITALS)

Permanent Address	Contact Address (if it is different from permanent address)	Postal code

11. Contact details

Home Tel: Office Tel:

Email:

12. Details of the Internship

No	Training center	Period
01		
02		
03		
04		
05		

13. Sri Lanka Ayurveda Medical Council Reg. No. and Date

14. Degree(s)/ Diploma(s) held or currently being taken

Title of degree	University	Class	Date

15. Current employment

Date started	Job title	Employer

16. Details of the working experience

Position / Appointment	Work Place	Period

GIVE NAMES AND CONTACT DETAILS OF REFEREES

You must ask one unrelated referee to complete the following details. You should select a referee who is able to comment on your suitability for postgraduate study.

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DECLARATION OF THE APPLICANT

I certify that all information provided above is correct and I agree to abide by and be subjected to the regulations of the IIM, if this application is accepted.

.....

Date

.....

Signature of Applicant

POSTGRADUATE DIPLOMA IN INDIGENOUS ORTHOPEDIC TREATMENT

APPLICATION FORM

CHECK LIST (Please mark all documents submitted)

No	One certified copy each of the following	To be marked by the applicant	To be marked by PGD office
01	02 Color photograph – passport size		
02	Birth certificate		
03	Certified copy of Internship completion certificate		
04	Certified copy of Undergraduate certificate		
05	Certified copy of Service certificates		
06	Payment receipt		

Signature of Applicant: Date:

OBSERVATIONS OF COURSE COORDINATORS

I certify that the facilities available for follow the postgraduate diploma in indigenous orthopedic treatment.

Remarks if any:

.....
Date

.....
Coordinator/ PGDip(IOT)

.....
Date

.....
Coordinator/ PGD

RECOMMENDATION OF THE BOARD OF STUDY

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The Board of Study **recommends/does not recommend** the issue of the letter of registration after the payment of prescribed fees by the candidate.

.....
Date

.....
Chairman/Board of study/PGDip (IOT)



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POSTGRADUATE DIPLOMA IN INDIGENOUS ORTHOPEDIC TREATMENT

One true copy each of the following should be attached with the application form.

1. Color photograph (4cm x 3cm background should be Sky Blue jpg format)
2. Scanned copy of Birth certificate
3. Degree certificate / Service certificates /Internship completion certificate
4. Bank payment receipt (You are requested to pay the application fee of Rs.3 000.00 for the account number to any branch of People's Bank.)

•Please send by registered post or hand deliver the completed application form to the below mentioned address on or before the closing date.

Course Coordinator /PGDip (IOT)

Institute of Indigenous Medicine,

University of Colombo

Rajagiriya, Sri Lanka.

Telephone No: +94 11 2 692385/ 071 4422381