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**FACULTY OF INDIGENOUS MEDICINE**  
**UNIVERSITY OF COLOMBO RAJAGIRIYA**  
**Application for Registration of**  
**Certificate Course in Massage Therapy - 2023**

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1. Name in Full :- .....
- .....
2. Name with Initials :.....
3. Sex : Male / Female
4. Civil status :.....
5. I. Private Address:.....
- .....

Telephone No : .....

Mobile No: .....

II. Official Address: .....

.....

6. I. Date of Birth: .....

II. Age on 01.01.2023: Year:..... Months: ..... Dates:.....

7. I. Nationality:.....

II. National Identity Card no : .....

8. Educational Qualification :

Academic qualifications	Name of Institute.	Class or Grade	Year	Subject

09. Professional Qualification ( Details with the dates obtaining such Qualification ) (If applicable)

Professional qualifications	Name of Institute.	Class or Grade	Year	Subject

10.

I. Employer : .....

II. Address : .....

11. First Appointment : .....

12. Date of first Appointment : .....

13. Present Post: .....

14. Period of service : .....

15. Previous publications or Research Experiences is any : .....

16. Are you registered for any course at the University of Colombo or at the any other University / Institution? If so, given details

- Payment Details: Please attach the copy of Payment slip of the registration fee.

I certify that the above Information given by me is true and correct to the best of my knowledge and I am prepared to abide by the rules and regulations of the registration and the award of Certificate at the Faculty of Indigenous Medicine, University of Colombo.

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Date

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Signature of Applicant

**Recommendation of the Head of the Department of the / Faculty (If applicable)**

If this Applicant is selected for this course he/she can be/ cannot be released from this Department / Faculty.

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Date

.....

Signature of Head of the Department / Faculty