

Office use only

Passport Size  
Recent  
Photograph  
(Colour)

**FACULTY OF INDIGENOUS MEDICINE**  
**UNIVERSITY OF COLOMBO RAJAGIRIYA**  
**Application for Registration of**  
**Certificate Course in Yoga Therapy - 2024**

---

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)

Academic 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 attached 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.

.....

Date

.....

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.

.....

Date :

.....

Signature of Head of the Department / Faculty