



UNIVERSITY OF COLOMBO, SRI LANKA
FACULTY OF MEDICINE

POSTGRADUATE DIPLOMA IN HEALTH DEVELOPMENT

APPLICATION FORM

Please note: Complete the form in ink, block capitals carefully and clearly. Processing will be delayed if the form is not properly completed. State your names as given in your Certificate of Birth; it will be used for all records procedure at the University. Before completing, any section please read the entire form and instructions.

A. Personal details (Please write in BLOCK CAPITALS)

1. Surname / family name

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 30/09/2018 Years
DD MM YYYY

7. Nationality 8. Citizenship

10. NIC /Passport No.

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

<u>Permanent Address</u>	<u>Contact Address</u> (if it is different from permanent address)	<u>Postal code</u>

12. Contact details Home Office

Tel: Tel:
Email:

13. Your details

Tel:

Email:

B. Course for which you wish to apply

1. Please tick (✓) one: Postgraduate Diploma Occasional student

2. If you are applying as an **Occasional student**, please indicate below which modules you wish to study:

C. Degree(s) held or currently being taken

Include the title of the degree, the name of the university or other institution, the classification of award (please indicate if it is an award with Honours), the main subjects studied and date the degree was awarded.

Title of degree	University	Class	Subject(s)	Date

D. Other qualifications (e.g. Diplomas, Certificats, Professional qualifications, etc.)

Title	Institution	Duration (inc. full or part time)	Subjects	Date

E. Current employment

Date started	Job title	Employer

Main responsibilities

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F. Previous employment

List up to three previous jobs.

Job title	Employer	From	To

G. Fees

If someone other than yourself will be responsible for paying your fees, please write below the name and address of your sponsor.

Name	
Address	
Country	
Tel / Fax	

H. 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.

Name of referee

Designation

In what capacity do you know this person?

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Address

Postal code

Contact No

E-mail (if any)

I. Why do you wish to study for this Programme?

You should also include any relevant details about your education and work experience, and your current responsibilities that you think may assist your application.

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J. Submitting your application

Documentary evidence of all your qualifications is needed in order to consider your application.

The evidence must be posted to the University together with the **original** of this application form. **Your application will not be considered if the documents are not enclosed.** Please indicate, by a tick (✓) in the relevant box, what you are enclosing. If you are unable to supply the appropriate evidence for one or more of your qualifications, you should also enclose a letter giving your reasons.

- | | |
|---|--------------------------|
| 1. Photocopied evidence of your full name and date of birth
(e.g. birth certificate, passport, statutory declaration) | <input type="checkbox"/> |
| 2. | |
| a) A photocopy of your original degree certificate or professional certificate. | <input type="checkbox"/> |
| OR | |
| b) A photocopy of statement/transcript of your academic studies. | <input type="checkbox"/> |
| c) In the case of professional qualifications, please submit a letter from your institution stating your experience in a health related field (of at least one year). | <input type="checkbox"/> |

Note: Documents submitted by you **will not be returned.**

K. Declaration

I declare that the particulars forwarded by me in this application are true and accurate to the best of my knowledge.

I am aware that if any particulars contained are found to be false and/or incorrect, I am liable to disqualification before selection and to dismissal from the course without any refund of the course fee, if the inaccuracy is discovered after the selection.

Date

Signature of applicant

NOTE: This form should be completed and returned to the
Course Director
Postgraduate Diploma in Health Development
Health Development & Research Unit,
Faculty of Medicine
P.O. Box 271
Kynsey Road
Colombo 08.

Under registered cover on or before 19th September, 2018 and top left hand corner of the envelope should bear words **“Postgraduate Diploma in Health Development”**.

Instructions to complete the application form

Complete the form in ink, BLOCK CAPITALS carefully and clearly. Write one letter/number in one cage. Processing will be delayed if the form is not properly completed.

State your names as given in your Certificate of Birth; it will be used for all records procedure at the University. Before completing any section please read the entire form.

Please give your permanent address and contact telephone number to enable the HDRP to communicate with you effectively. Any change of address, permanent or temporary residence, must be immediately brought to the notice of the Course Director, Health Development and Research Programme (HDRP).

Please complete and return this application form, together with the appropriate documentary evidence by **registered post** to:

Course Director
Postgraduate Diploma in Health Development
Health Development & Research Unit,
Faculty of Medicine
P.O. Box 271
Kynsey Road, Colombo 08.

The duly completed **original** application forms should reach the above address **under registered cover** on or before 19th September 2018 and top left hand corner of the envelope should bear words "Postgraduate Diploma in Health Development (PGDHD)". Late applications will not be entertained. **Faxed applications will not be considered.**

Registration is available only to those applicants successful at the interview (in case there are more than required numbers of trainees) and satisfying the eligibility criteria. You will be informed to produce the following at the time of registration:

1. Original & photocopy of National ID/Valid Passport (in the case of Passport, photocopies of the relevant pages)
2. Original birth certificate
3. Original educational certificates

Do not attach **originals of certificates or photographs** to your application form. They have to be produced only at the time of registration.

Place your signature and insert the date at the appropriate place in the application form.

Two self-addressed stamped envelopes of size 9x4 inches should be sent with the completed application form.

For further information, please contact:

L. Krishni Fernando
Course Manager, HDRP.
Tel-(0775273707)
E-mail: health@med.cmb.ac.lk/drp2008@gmail.com