

UNIVERSITY OF PERADENIYA, SRI LANKA  
FACULTY OF MEDICINE

APPLICATION FOR ELECTIVE CLERKSHIP

1. I Name : (Mr./Miss) .....  
II Postal Address : .....  
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Fax : ..... Email .....

2. Country : ..... Nationality : .....

3. Name of the University to which the applicant is presently attached:  
.....

4. Period of Elective Clerkship : From ..... To .....

5. Departments of study where you wish to do your clerkship/appointment
- | Department | Duration |
|------------|----------|
| .....      | .....    |
| .....      | .....    |
| .....      | .....    |
| .....      | .....    |

6. Special interests (if any) : .....

7. Source of funds : .....

Date : .....  
Signature of applicant

8. Recommendation of the Dean, certifying source and availability of funds.

Date : .....  
Signature of the Dean

FOR OFFICE USE ONLY

Recommendations of Heads of Departments & Clinical Coordinator

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Recommendation of the Dean, Faculty of Medicine

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Recommendation of the Vice-chancellor of the University of Peradeniya, Sri Lanka

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