

For office use only

Serial No.	
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Application received on	
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Selected	Yes	No

Remarks:

**Application for
Diploma in Forensic Medicine
[Conducted for Lawyers & Judges]**

Please return to: Head / Department of Forensic Medicine, Faculty of Medicine
University of Peradeniya

Personal Details

Name in Full:

Postal Address:

Date of Birth:

Contact Phone Numbers:

Contact e-mail:

Educational Background

Law and other qualifications obtained (attach a certified copy of your law qualifications):

Qualification	Year

Present Employment :

Address :

.....

Contact Phone Numbers :

Non-related referees

1.

2.

I certify that the above particulars furnished by me are true and accurate.

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Signature

.....

Date