**FACULTY OF MEDICINE, UNIVERSITY OF PERADENIYA**

**Application form for the Faculty Award**

\* Please fill separate forms for 2nd MBBS, Third MBBS & Final as applicable

Name of Applicant : …………………………..………………………………………………..

Registration No. : ……………………………….

Home Address : ….……………………………………………………………………….

Mobile No : ………………………………..

**Results of Previous Examinations**

|  |  |
| --- | --- |
| Name and Date of the ExamEg. 2nd MBBS Month/Year, Third MBBS Month/Year & Final MBBS Month/Year |  |
| Results  | GPA |
| Distinctions/Prizes/Medals/Scholarships |  |

**Extracurricular Activities** (Please provide the details)

1. **Outstanding talents in sports**

|  |  |
| --- | --- |
| **Event** | **Date** |
| International Sports Event representing the University………………………………………………………………………….…………………………………………………………………………. |  |
| Inter University Events in the national level……………………………………………………………………….…………………………………………………………………………. |  |
| Inter Faculty Events………………………………………………………………………….…………………………………………………………………………. |  |
| University Colors  | Full color |  |
| Half color |  |
| ………………………………………………………………………….……………………………………………………………………….………………………………………………………………………….…………………………………………………………………………. |  |
| Best Athlete/Player of the year………………………………………………………………………….…………………………………………………………………………. |  |

\*Please attach extra pages if needed

1. **Creativity ability or Technical Fields**

|  |  |
| --- | --- |
| **Activity** | **Date** |
| Aesthetics competition………………………………………………………………………….…………………………………………………………………………. |  |
| Completion of examinations or graduating performance in aesthetic fields……………………………………………………………………….…………………………………………………………………………. |  |
| Public/mass media performance in aesthetic fields (Outside the University)………………………………………………………………………….…………………………………………………………………………. |  |
| Performance in aesthetic fields at a University approved event………………………………………………………………………….…………………………………………………………………………. |  |

1. **Community Service and Good Citizenship**

|  |  |
| --- | --- |
| **Activity** | **Date** |
|  |  |
|  |  |
|  |  |
|  |  |

1. **Leadership of a recognized body**

|  |  |
| --- | --- |
| **Activity** | **Date** |
|  |  |
|  |  |
|  |  |
|  |  |

1. **Research or pursuing new knowledge**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Article** | **Publish** | **Date** |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

I certify that the above information given by me in this application is accurate and the certificates submitted by me true and correct to my knowledge.

……………………. …………………………

Date Signature of Applicant

(Please attach additional papers if necessary)