

For office use only

Serial No.	
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Application received on	
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Selected	Yes	No

Remarks:
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## Application for Diploma in Forensic Medicine (conducted for Lawyers and judges)

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

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### Personal Details

Name with initials: .....

Name in Full: .....

Postal Address: .....

Date of Birth: .....

NIC: .....

Contact Phone Numbers: .....

Contact e-mail: .....

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### Educational Background

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

Qualification	Year

**Present Employment:** .....

**Address :** .....

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**Contact Phone Numbers :** .....

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**Non-related referees**      1.

2.

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

.....  
Signature

.....  
Date

**Noted:** Please attach certified copies of the following:

1. NIC
2. Educational certificates