

For office use only

Index No	
----------	--

Serial No.	
------------	--

Application received on	
-------------------------	--

Selected	Yes	No

Remarks:

Application for Diploma in Forensic Medicine

(conducted for Lawyers and judges)

Please send a hard copy of your application by registered post to:
Head / Department of Forensic Medicine, Faculty of Medicine University of
Peradeniya

Personal Details

Name with initials :

Name in Full :

Postal Address :

Date of Birth :

NIC :

Contact Details :

WhatsApp :

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 (Name, Contact Details)

1.

2.

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

.....
Signature

.....
Date

Note: Please attach certified copies of the following,

1. NIC
2. Educational certificates – Law Degree Certificate or Attorney at Law Certificate