



FOR OFFICE USE ONLY	
University of Peradeniya / Other University / Other	Registration No:-

1. Name with Initials

[illegible]

2. Full Name

[illegible]

3. Address

[illegible]

4. NIC No

[illegible]

5. Telephone Number

Land

[illegible]

Mobile

6. E-mail Address

[illegible]

7. Sex

Male

Female

8. Date of Birth

D	D	M	M	Y	Y	Y	Y

9. Academic Qualifications

(a) G.C.E. (O/L) Examination:

Year

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[illegible]

(b) G.C.E. (A/L) Examination:

Year

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Subject	Grade

(c) Tertiary Education:

Degree	Institute	Year

10. Present Employment

[illegible]

11. Experience in the field of Sport and Exercise Science

Position	Address of the work place	From			To		
		DD	MM	YYYY	DD	MM	YYYY

12. Two photographs of stamp size**13. Tick the favourite four sports from the list**

1	Athletics	
2	Badminton	
3	Basketball	
4	Physical Fitness exercise	
5	Elle	
6	Foot Ball	
7	Hockey	
8	Martial Arts	
9	Netball	
10	Swimming	
11	Table Tennis	
12	Tennis	
13	Volleyball	
14	Weight lifting & Cross-fit exercise	

Date :**Signature**

You are required to submit the file of the following documents to the Diploma in Exercise and Sport Sciences program, Faculty of Medicine, University of Peradeniya.

1. Application form
2. Course payment slip

Copy of

3. NIC
4. University ID
5. Birth certificate
6. OL & AL certificates
7. Sport certificates
8. Two photographs of stamp size

Please be kind enough to make necessary payments to

Peoples Bank - Branch Peradeniya

Account Number	057100183373667
Name of the account holder	: Medical Faculty Research and fund
Purpose	: DESS 2025/26

Conditions:- Course fee not refundable