Application - Elective Program

Faculty of Medicine

University of Peradeniya

Sri Lanka

**PERSONAL DETAILS**

Please attach a recent passport sized photograph

1. NAME IN FULL

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1. NAME WITH INITIALS (e.g. RL SMITH)

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3. TITLE*(please tick the relevant cage)*

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| Rev. |  | Prof. |  | Dr. |  | Mr. |  | Ms. |  |

4. DATE OF BIRTH

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5. GENDER*(please tick the relevant age)*

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| --- | --- | --- | --- |
| Male |  | Female |  |

6. PASSPORT DETAILS (*Must be a foreign passport holder*)

1. PASSPORT NUMBER

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1. NATIONALITY

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* ***PLEASE ATTACH A COPY OF THE DATA PAGE OF YOUR CURRENT PASSPORT***

7. ADDRESS

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| Line2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| City |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| State/Province |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Country |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Postal Code |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

8. TELEPHONE NUMBER

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| Primary |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Alternative |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

9. EMAILADDRESS

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10. EMERGENCY CONTACT DETAILS

(Please give the details of next of kin/responsible adult residing in your home country)

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| Name |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Phone number |  |  |  |  |  |  |  |  |  |  |  |  |  |
| email |  |  |  |  |  |  |  |  |  |  |  |  |  |

**DETAILS OF CURRENT STUDIES**

11. UNIVERSITY/COLLEGE/INSTITUTE YOU ARE CURRENTLY ENROLLED IN

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12. COURSES/SUBJECTS BEING FOLLOWED AT THE TIME OF APPLICATION

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13.CURRENTGPA/EQUIVALENT

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14. RECOMMENDATION OF THE HEAD OF YOUR CURRENT INSTITUTION

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Signature of Head of Institute Date……………………………………..

**DETAILS OF PROGRAMS APPLYING FOR**

15. PROGRAMMES YOU INTEND APPLYING

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16. INTENDED DATE OF COMMENCEMENT OF THE ELECTIVE PROGRAMME

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17. INTENDED DATE OF COMPLETION OF THE ELECTIVE PROGRAMME

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18. REASON FOR APPLYING FOR THE ELECTIVE PROGRAMME (please give a short description)

Reasons for applying to Faculty of Medicine, University of Peradeniya

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Reasons for applying to the chosen program/s

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19.NAMES ANDCONTACTDETAILS OF TWONON-RELATEDREFEREES

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| Referee2 | | | | | | | | | | | | | | | |
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I certify that the above information is accurate to the best of my knowledge.

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| Signature  *(You may put your digital signature)* |  | | | | | | | |
| Date | D | D | M | M | Y | Y | Y | Y |
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**OFFICE USE ONLY**

Name of Applicant…………………………………………………………… Date……………………………

RECOMMENDATIONS OF THE HEADS OF DEPARTMENTS OF THE PROGRAMS APPLIED FOR

Name of program……………………………………………………………………………………………….

Recommendation…………………………………………………………………………………………………………………………………………………………………………………………………………………………………

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Signature date official frank

Name of program………………………………………………………………………………………………………

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Signature date official frank

RECOMMENDATION OF THE DEAN OF THE FACULTY OF MEDICINE

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Signature date official frank

RECOMMENDATION OF THE VICE CHANCELLOR OF THE UNIVERSITY OF PERADENIYA

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Signature date official frank