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

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

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

4. DATE OF BIRTH

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| D | D | M | M | Y | Y | Y | Y |
|  |  |  |  |  |  |  |  |

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

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

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

1. PASSPORT NUMBER

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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1. NATIONALITY

|  |  |
| --- | --- |
| |  | | --- | |  | |

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

7. ADDRESS

|  |  |
| --- | --- |
| Line1 |  |
| Line2 |  |
| City |  |
| State/Province |  |
| Country |  |
| Postal Code |  |

8. TELEPHONE NUMBER

|  |  |
| --- | --- |
| Primary |  |
| Alternative |  |

9. EMAIL ADDRESS

|  |
| --- |
|  |

10. EMERGENCY CONTACT DETAILS

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

|  |  |
| --- | --- |
| Name |  |
|  |  |
| 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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| --- | --- |
| 1. |  |
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| 3. |  |
| 4. |  |
| 5. |  |
| 6. |  |
| 7. |  |
| 8. |  |
| 9. |  |
| 10. |  |

13.CURRENT GPA /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

|  |  |
| --- | --- |
| 1 |  |
|  |  |
| 2 |  |
|  |  |
| 3 |  |
|  |  |
| 4 |  |
|  |  |
| 5 |  |
|  |  |

16. INTENDED DATE OF COMMENCEMENT OF THE ELECTIVE PROGRAMME

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| D | D | M | M | Y | Y | Y | Y |
|  |  |  |  |  |  |  |  |

17. INTENDED DATE OF COMPLETION OF THE ELECTIVE PROGRAMME

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| D | D | M | M | Y | Y | Y | Y |
|  |  |  |  |  |  |  |  |

18. REASONS FOR APPLYING FOR THE ELECTIVE PROGRAMME THE FACULTY OF MEDICINE, UNIVERSITY OF PERADENIYA

(please give a short description)

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REASONS FOR APPLYING TO THE CHOSEN PROGRAM/S

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19.NAMES AND CONTACT DETAILS OF TWO NON-RELATEDREFEREES

|  |  |
| --- | --- |
| Referee1 | |
| Name |  |
| Title |  |
| Institute |  |
|  |
| Address |  |
|  |  |
|  |  |
| Email |  |
| Phone |  |
| Referee2 | |
| Name |  |
| Title |  |
| Institute |  |
|  |
| Address |  |
|  |  |
|  |  |
| Email |  |
| Phone |  |

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

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Signature  *(You may put your digital signature)* |  | | | | | | | |
| Date | D | D | M | M | Y | Y | Y | Y |
|  |  |  |  |  |  |  |  |

**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………………………………………………………………………………………………………

Recommendation………………………………………………………………………………………………………………………………………………………………………………………………………………………………….

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Signature date official frank

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

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Signature date official frank

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

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Signature date official frank

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

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

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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