



# Gampaha Wickramarachchi University of Indigenous Medicine

## Faculty of Graduate Studies

### Application for Admission Postgraduate Diploma & Masters Programmes

**For Office Use Only**

Application No :

.....

Application Fee :

Paid / Not Paid

\*Please select the courses according to your preference, indicating the priority of selection as 1,2,3,4, .....

Master of Science in Kayacikitsa	<input type="checkbox"/>	Postgraduate Diploma in Kayacikitsa	<input type="checkbox"/>	<b>Photograph</b>
Master of Science in Pancakarma	<input type="checkbox"/>	Postgraduate Diploma in Pancakarma	<input type="checkbox"/>	
Postgraduate Diploma in Shalyatantra	<input type="checkbox"/>	Postgraduate Diploma in Yoga Science	<input type="checkbox"/>	
Master of Science in Management & Administration of Ayurveda Institutions	<input type="checkbox"/>	Postgraduate Diploma in Management & Administration of Ayurveda Institutions	<input type="checkbox"/>	

#### 01. Personal Details

Rev.	<input type="checkbox"/>	Dr.	<input type="checkbox"/>	Mr.	<input type="checkbox"/>	Mrs.	<input type="checkbox"/>	Miss	<input type="checkbox"/>	(Please Tick)
Name in Full (Use block letters)										
Name with Initials (Use block letters)										
Name in Full (in Sinhala)										
Name with Initials (in Sinhala)										
Permanent Address										
Office Address										
E-mail Address										
Telephone	Home									
	Mobile									
	Office									

NIC No														
--------	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of Birth	Date	Month	Year	Age (as of the date of application)	Days	Months	Years

Civil Status	Married		Gender	Male	
	Single			Female	

**02. Registration No and Date in Ayurveda Medical Council or Any Other Professional Authority**

No						
Date						

**03. Academic Qualifications (Please attach the certified copies of certificates)**

University/ Institute	Period	Major Field	Degree/Diploma	Class-if any	Year

**04. Are you currently a registered student of any degree programme conducted by a recognized University/ Higher Educational Institution/ Institute?**

Yes		No	
-----	--	----	--

If Yes,

Name of the Programme	
Faculty/ University	
Current Status of the Programme	

**05. Professional Qualifications (Please attach the certified copies of certificates)**

Institution	Period	Field of Study/ Training	Qualification	Year

**06. Other Qualifications (if any)**

--

**07. Work Experience (start with the current position)**

Organization	Position	Period	Nature of work

**08. Research Work (if any)**

Mention the research topic and the nature of the research activity undertaken

**09. Publications (if any)**

--

**10. Self Assessment of Proficiency in English**

	Very good	Good	Fair	Weak
Reading				
Writing				
Speaking				

**11. Self-Assessment of Proficiency in Computer Literacy**

	Very good	Good	Fair	Weak
Computer Literacy				

**12. If you are currently employed, do you have the approval of the employer?  
(Mention details of your leave arrangement)**

--

**13. Briefly describe your reasons for applying for this programme  
(Include your personal/ career interest)**

**14. Details of Non-Related Referees**

1	2
---	---

I hereby certify that the above mentioned information are true and correct according to the best of my knowledge.

I understand that misrepresentation in the application will cause the reject of application or revoking acceptance for admission at any stage.

.....  
Date

.....  
Signature of the Applicant

**Recommendation of the Head of the Department / Institute**

Dr./Mr./Ms./.....  
who is employed as ..... at  
the Department / Organization will be released on full-time study to follow the  
..... conducted  
by the Gampaha Wickramarachchi University of Indigenous Medicine.

.....  
Date

.....  
Signature of the Head of the Department / Institute

Office Stamp

Name : .....  
Designation : .....  
Address : .....  
.....

## **Instructions to the Applicant**

- \* Please attach certified copies of the following certificates/ documents
  - Birth Certificate
  - National Identity Card
  - Academic Qualifications
  - Professional Qualifications
  - Certificate of the Registration (with the Ayurveda Medical Council)
  - Work Experience
  - Other Qualifications
  
- \* Three copies of the color photograph (2X2.5cm) should be sent with the application and one copy should be pasted on the space provided
  - Birth Certificate
  - National Identity Card