



# 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, .....

Postgraduate Diploma in Kayacikitsa	<input type="checkbox"/>	Postgraduate Diploma in Shalyatantra	<input type="checkbox"/>	<b>Photograph</b>
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.		Dr.		Mr.		Mrs.		Miss		(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	
	Single	

Gender	Male	
	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	
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No	
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**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)**

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**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)**

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**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)**

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

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

1	2
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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