Form No: ACP/TNS/Form/ 03 (00)

St.Judy Paramedical College
"Making Better Healthier and Safe Society through Quality Education"

COURSE APPLICATION FORM

(Application for Short period Course)

01. **Course: -** _____

02.Your personal details (Please write using block letters. All sections must be completed**)**

02.1.Rev/Dr/Mr. /Mrs. /Ms

02.2.Nationality: Sri Lankan ☐ Other ☐

02.3.Name with initials

02.4. Name as in certificate ("Please enter your name exactly as it should appear on your certificate.")

02. 5.Postal address

02.6.NIC Number

02.7.Date of Birth

Year Month Day

02.8.Contact details: Mobile phone

Whatsapp

Email

Declaration by the applicant

I declare that the information submitted by me are true, accurate, and complete. I understand that I am accountable to provide all necessary information and documents to support this application. In addition, I give my consent to the Management to verify any information submitted by me.

Date:……

Signature_____