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

Specimen Application Form

St. Judy paramedical College's courses

For official use only

IMPORTANT: Application must be forwarded to the Course Coordinator of St. Judy Paramedical College of Sri Lanka.
Kalmunai Campus: No:220, Second floor, Batticaloa Road Kalmunai -32300, Sri Lanka
Trincomalee Campus: No: 28 Post Office Road, Trincomalee – 31000, Sri Lanka.
Vavuniya Campus: No: 99, Station Road, vairavarpuliyamkulam, Vavuniya 43000, Sri Lanka.

Form No: ACP/STS/Form/ 04 (00)

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1. Name of the Campus to Apply : [ ] Kalmunai Campus [ ] Trincomalee Campus [ ] Vavuniya Campus

2. Name of the Course applied for : ……

3. National Identity Card No. :- …….. 3.1.Date of Birth:……

4. Medium :- ☐ Tamil Sinhala English

5. Applicant's Name with Initials (Block Letters in English) :- ……

……..

6. Name in full (Block Letters in English) :- ……..

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7. Permanent Address (in English block letters) :- ……

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10. Gender/Sex : [ ] Male [ ] Female [ ] Other

11. Details of residence of the applicant:

Province:- …….. District :- ……..

Divisional Secretariat Division:…….

Grama Niladhari Division:……

12. Contact Telephone No : Mobile :……WhatsApp No:……. Email:……

13. Educational Qualification :

a) G.C.E. (O/L) results:
Index Nos:…… Year of examination:…… Total No.of Pass Subjects:……

b) G.C.E. (A/L) results :
Index Nos:…… Year of examination:…… Total No.of Pass Subjects:……

c) Vocational Qualification :

1.Vocational Trade:…… NVQ Level…….. Institution:……

2.Vocational Trade:…… NVQ Level…….. Institution:……

3.Vocational Trade:…… NVQ Level…….. Institution:……

d) If the applicant has not fulfilled the qualifications mentioned above, the highest grade / year passed:

Grade: ……. Year :..... School Name:……..……..

14. Course and examination fees will be paid by:
☐ Self ☐ Parent/Guardian ☐ Sponsor ☐ Other: _____

Parent/Guardian /Sponsor / Other Details

Name:_____ Relationship to Applicant:_____

NIC / Passport No**.** _____ Contact No._____

Email Address**:**_____ Address: _____

If Organization Please Mention Organization Name, Address, Contact Person & Contact Numbers:-

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_____

Sponsor's Commitment:
I, the undersigned, agree to sponsor the above applicant for the [Course Name]_____ _____ at St. Judy Paramedical College and undertake full responsibility for all course fees and related expenses.

Name of Sponsor: _____ NIC Number of Sponsor: _____

Mobile Number of Sponsor:_____**Signature :** _____ **Date:** _____

Important Notice:
A non-refundable application fee is required to process your application. Please ensure that the fee is paid through Bank Transfer and attach the payment receipt with this application

Bank Account Details:
A/C Name: St.Judy Paramedical College Sri Lanka A/C No: 023200110033457, Bank: Peoples Bank - Kalmunai

Certification by Applicant

I hereby declare that the information provided in this application form is true and correct to the best of my knowledge. I understand that any false information may lead to rejection of my application or termination of my enrolment.

Date:- ..... Applicant's Signature:- ……

For Official Use – Application Received – Confirmation Certification

I/We hereby certify that the application of the above-named applicant for the above-mentioned course has been duly received on [Date]_____, verified for completeness, and recorded in the Applicants Register of St. Judy Paramedical College."

Received by: _____**Designation:** _____**Signature:** _____**Date:** _____