Applicant's – Work Experience Evidence Certification Form

Use for the Applicant			
Name			
NIC No			
Working Place			
Date of commencement Job			
Designation			
Mobile:		Email :	

I hereby certify that the particulars mentioned in my evidence portfolio are true and correct to the best of my knowledge. Also, I am aware that if any information provided is found incorrect, St. Judy Paramedical College of Sri Lanka has the right to cancel my admission and evidence of Following/ provided Documents and records without my permission.

Date:…….. Signature of the Applicant

Use for the Attester (Responsible Person from the Employer side)			
Name			
NIC No			
Designation			
Mobile:		Email :	
Name of Institution			
Address of the Institution			
Office Telephone No:		Email:	

I certify that Mr./Mrs./Miss…….is known to me personally and the above given information are true and correct to the best of my knowledge.

Date:…….. Stamp: Signature of the Attester:

Use for the St.Judy Paramedical College of Sri Lanka

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

Name of Coordinator : …….

Date:…….. Stamp: Signature of the Attester: