

**Education, Training and Research Unit - Ministry of Health
Application for Higher Diploma / Diploma Certificate**

Office Use Only

Designation:

Training School and Place:
(Field Training Centre also
If relevant)

Batch:

Year Entered:

Date of Issue of Results:

 DD/MM/YYYY

Above details Certified by the Principal (Signature of the Principal)

Full Name: (English)
Block letters

Surname with initials:
Block letters

Full Name: (Sinhala / Tamil)

Surname with Initials
(Sinhala / Tamil)

National Identity Card No:

Address (Official)

Address (Private)

Telephone (Official)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone (Private)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone (Mobile)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender:	Male: <input type="text"/>	Female: <input type="text"/>	Marital Status: <input type="text"/>							

Please fill If relevant:

Date and Certificate No. of Diploma Certificate (For Higher Diploma Applicants Only) Original should be attached	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	DD/MM/YYYY
	Certificate No: <input type="text"/>							

Date and Certificate No. of Ceylon Medical College Council Proficiency Certificate Certified Copy should be attached	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	DD/MM/YYYY
	Certificate No: <input type="text"/>							

Date and Registration No. of Sri Lanka Medical Council as per your designation (If applicable) Certified Copy should be attached	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	DD/MM/YYYY
	Registration No: <input type="text"/>							

Declaration by the applicant:

I hereby certify that the particulars and documents submitted by me in this application, are true and accurate. If any information are found to be incomplete or incorrect or forged, I am fully aware that my application will be rejected or if found later, my certificate will be cancelled and liable for legal action.

..... Date Signature of the Applicant
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Endorsement of the Head of the Institution / Head of the Training School (for trainees):

I hereby certify that the the particulars given by Mr./Ms.
(Name) (Designation) are correct, and he / she is presently working in this institution / completed the training at our training school.

..... Date Signature and Official Stamp
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Attached Documents (Checklist):

1. Original Certificate of Proficiency / Diploma Certificate issued by DGHS
2. Certified Copy Proficiency Certificate issued by CMCC (if relevant)
3. Certified Copy of Sri Lanka Medical Council Registration (If relevant)
4. Certified Copy of National Identity Card (Both Sides)
5. Certified Copy of Final Results Sheet (if available)
6. Certified copies of any other relevant documents for proof:

Checked and Accepted by the Education, Training and Research Unit: ETR/