



APPLICATION FORM
Certificate Course in Biosafety and Biosecurity
Department of Microbiology, Faculty of Medical Sciences,
University of Sri Jayewardenepura



To be filled in block capital letters

For office use only

Registration No.

01. Name in Full:

Rev./Mr./Ms./Dr.

02. Permanent
Address:

District:

03. Telephone Number -
Mobile:
Home:
E mail:

04. Date of Birth:

DD/MM/YY

05. NIC Number:
(National Identity
Card)

07. Name and address of the
working place

.....
Date

.....
Signature of Applicant

Note: Instructions to Applicant

1. Download the application form and fill clearly and accurately.
2. Attach scanned copies of the following
 - Certificate of G.C.E. (A/L) examination
or
 - Proof of service for more than 2 years
and
 - Certificate of G.C.E. (O/L) examination
3. Attach a recent photograph of you
4. Mail the documents to: Biosafetycertificatecourse@gmail.com
5. You will receive an acknowledgement of receipt of the application form immediately and if you are selected for the course, the payment instructions will be sent by the finance division of the faculty