



DEPARTMENT OF PSYCHIATRY
FACULTY OF MEDICAL SCIENCES
UNIVERSITY OF SRI JAYEWARDENEPURA



☎ (+94) 112 802497

☎ (+94) 112 801480

✉ psycdemos@gmail.com

Diploma Course in Counselling - 2022 Batch

1. Full Name (Please write in block letters):

2. Full Name in Sinhala:

3. Name with Initials:

4. NIC No:

5. Age:

6. Date of Birth:

7. Permanent Address:

8. Work Place:

9. Contact Numbers:

10. Email Address:

11. Educational Qualifications:

G.C.E. O/L

Subject	Grade

G.C.E. A/L

Subject	Grade

Degree

--

Higher degree

--

12. Professional Qualifications

--

13. Please write a brief essay on the reasons that interested you to enroll for this programme.
(Maximum 500 words)

14. Non Related Referees

(1)	(2)
-----	-----

I hereby above details are true and correct.

.....

Date

.....

Signature of the Applicant