



**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.	

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01. Name in Full: Rev./Mr./Ms./Dr.

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02. Permanent Address:

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District: .....

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03. Telephone Number -

Mobile: .....

Home: .....

E mail: .....

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04. Date of Birth: DD/MM/YY .....

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05. NIC Number:  
(National Identity Card)

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07. Name and address of the working place

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Date

.....  
Signature of Applicant

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**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