DIPLOMA IN FORENSIC MEDICINE AND TOXICOLOGY

APPLICATION PROCEDURE

Duly completed applications should be submitted to the Department of Forensic Medicine with the following documents:

- Certified copy of Birth certificate
- Certified copies of academic certificates
- Certified copies of certificates of professional qualifications
- Certified copy of National Identity Card or Bio Page of the National Passport
- Evidence of proficiency in Sinhala
- Two photographs of the candidate (2× 2.5 inch)

Post/ handover your application with relevant documents to:

Prof. Sanjaya Hulathduwa Coordinator - Diploma in Forensic Medicine and Toxicology Department of Forensic Medicine University of Sri Jayewardenepura, P.O. Box: 06, Gangodawila, Nugegoda.

IMPORTANT: Please write on the top left corner of the envelope "DIP/DFMT/2024-25"

CLOSING DATE OF APPLICATION: 31st March 2024

FOR OFFICE USE



UNIVERSITY OF SRI JAYEWARDENEPURA

Application Form for Diploma in Forensic Medicine and Toxicology (2024-2025) offered by the <u>DEPARTMENT OF FORENSIC MEDICINE</u>

Course Name Diploma in Forensic Medicine and Toxicology (2024-2025)

PART A – PERSONAL INFORMATION

Tick (√) or fill the appropriate cage

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Name in Full (Use block capitals)																				
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PART B – EDUCATIONAL QUALIFICATIONS

1. EDUCATIONAL QUALIFICATIONS (Attach Copies of Certificates)

GCE (A/L) YEAR:					
Subjects	Grade				
1.					
2.					
3.					
4.					

2. OTHER QUALIFICATIONS (Attach Copies of Certificates)

Institution	Course Duration	Field of Study/ Training	Qualification
1.			
2.			
3.			

3. WORK EXPERIENCE

Organization	From	То	Position	Nature of Work
1.				
2.				
3.				
4.				

4. SELF-ASSESSMENT OF PROFICIENCY IN SINHALA

	Very good	Good	Fair	Weak
Reading				
Writing				
Conversation				

SELF-ASSESSMENT OF PROFICIENCY IN ENGLISH

	Very good	Good	Fair	Weak
Reading				
Writing				
Conversation				

5. FINANCIAL ASSISTANCE

	Self-Funded	Sponsored	Grant	Other (Specify)
How do you plan to finance your Diploma Course?				
If sponsored – by whom?				
If Grant, give Grant name, total amount				
If other - indicate				

6. BRIEFLY DESCRIBE YOUR REASONS FOR WISHING TO ENROLL IN THE PROGRAM (Include your personal/ career interests)

07. GIVE NAMES AND CONTACT DETAILS OF TWO (02) REFEREES

1.	2.

I certify that the above information is true and correct. I understand that misrepresentation in the application will cause the rejection of the application or revoking acceptance for admission at any stage.

Date.....

Signature of Applicant

Mail this application with relevant documents to:

Prof. SANJAYA HULATHDUWA COORDINATOR - DIPLOMA IN FORENSIC MEDICINE AND TOXICOLOGY DEPARTMENT OF FORENSIC MEDICINE FACULTY OF MEDICAL SCIENCES, UNIVERSITY OF SRI JAYEWARDENEPURA, PO BOX 06, GANGODAWILA, NUGEGODA.

Mobile +94773976601; Office: 0112802030 , +94112758000 (Ext- 4258) Please write on the top left corner of the envelope "DIP/DFMT/2024/25"

In addition to the hard copy, a copy may be emailed: dfmt@sjp.ac.lk

INQUIRIES / FURTHER CLARIFICATIONS Please Contact Mr. Dananjaya Aloysius - 071 1350239 Ms. Keshani Senadeera - 075 3142570 Mr. Lasantha Ranavake - 071 5193205