



COLOMBO SOUTH CAMPUS
 43, S. De S. Jayasinghe Mawatha, Kohuwala, Nugegoda
 Tel: 0777679096 / 0112769096
 Email Address: colombosouthcampuspl@gmail.com
 Website: www.colombosouthcampus.lk
Faculty of Health & Allied Health Sciences
Application Form

Annexure I

Student Profile

Date: Admission No:
 Name of the Programme:

Personal Particulars

- 1.1 Name (Mr. / Mrs. / Miss. / Rev):
- 1.2 Registration No:
- 1.3 Nationality:
- 1.4 Information about Citizenship:
- 1.5 NIC / Passport No:
- 1.6 Permanent Address:
- 1.7 Immediate Contact No:
- 1.8 Contact No: Residence: Mobile:
- 1.9 Email Address:
- 1.10 Place Employed:
- 1.11 Educational Qualifications:

G. C. E. (O/L) or Equivalent (Write Subjects with Grades)

Name of the Examination & Year:

.....

S/No	Subject	Grade	S/No	Subject	Grade
1			7		
2			8		
3			9		
4			10		
5			11		
6			12		

1.12 Educational Qualifications: II

G. C. E. (A/L) or Equivalent (Write Subjects with Grades)

Name of the Examination & Year:

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S/No	Subject	Grade	S/No	Subject	Grade
1			1		
2			2		
3			3		
4			4		
5			5		
6			6		

1.13 Any other Examination:

Particulars	Particulars	Particulars	Particulars

.....
Signature of Applicant

.....
Date