

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 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. M. Vidanapathirana,
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/2023-24”**

CLOSING DATE OF APPLICATION: 17th March 2023

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| FOR OFFICE USE |
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| No |
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UNIVERSITY OF SRI JAYEWARDENEPURA

Application Form for Diploma in Forensic Medicine and Toxicology (2023-2024) offered by the DEPARTMENT OF FORENSIC MEDICINE

| | |
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| Course Name | Diploma in Forensic Medicine and Toxicology (2023-2024) |
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PART A – PERSONAL INFORMATION

Tick (v) or fill the appropriate cage

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|--|---------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Name in Full (Use block capitals) | Last Name | | | | | | | | | | | | | |
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| | Other Name/s | | | | | | | | | | | | | |
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| Name with initials | | | | | | | | | | | | |
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| Address for Communication | | | | | | | | | | | | |
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| Permanent Address (If different from above) | | | | | | | | | | | | |
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| Official Address (If, employed) | | | | | | | | | | | | |
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|----------------------------|--|--|--|--|--|--|--|--|--|--|--|--|
| Employment Position | | | | | | | | | | | | |
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|-----------------------|--|--|--|--|--|--|--|--|--|--|--|--|
| E-Mail Address | | | | | | | | | | | | |
|-----------------------|--|--|--|--|--|--|--|--|--|--|--|--|

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|------------------|---------------|--|--|--|--|--|--|--|--|
| Telephone | Home | | | | | | | | |
| | Office | | | | | | | | |
| | Mobile | | | | | | | | |

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|----------------|--|--|
| Married | | |
| Single | | |

| | | |
|------------|----------|----------|
| Sex | M | F |
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| Date of Birth | Date | Month | Year |
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| NIC No. | | | | | | | | |
| Age (Y/M/D) | | | | | | | | |

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 | To | 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)

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

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| 1. | 2. |
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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. M. Vidanapathirana,
COORDINATOR - DIPLOMA IN FORENSIC MEDICINE AND TOXICOLOGY,
DEPARTMENT OF FORENSIC MEDICINE,
FACULTY OF MEDICAL SCIENCES,
UNIVERSITY OF SRI JAYWARDENEPURA,
PO BOX 06,
GANGODAWILA, NUGEGODA.**

Mobile +94772988227; Office: 0112802030 (Ext- 4251), +94112758000

Please write on the top left corner of the envelope “DIP/DFMT/2023/24”

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

INQUIRIES / FURTHER CLARIFICATIONS

Please Contact

Mr. Lasantha Ranavake - 071 5193205

Mr. Dananjaya Aloysius - 071 1350239

Ms. Keshani Senadeera - 075 3142570