

If registered State the number given

Registered	Not Registered

03. Statement of the Applicant

I certify that all particulars given in this application form are true and accurate, and I am neither an internal student nor an external degree candidate of a University in Sri Lanka. In the event of my application for registration being accepted, I shall abide by all regulations applicable to external degree candidates of the CDCE, University of Kelaniya.

I agree

That so long as I am an external candidate of the CDCE, University of Kelaniya, I will not be entitled to register or to sit for another degree course / examination of this University or of any other University or a Campus or to sit the G.C.E. (Advanced Level) Examination conducted by the Examinations Department of Sri Lanka with a view of gaining of admission to a University in Sri Lanka and that the CDCE, University of Kelaniya has the right to cancel my registration at any time.

Date:.....

Signature of the Applicant (Inside the cage)

04. Attestation

I hereby certify that the above named candidate, who is past student/ teacher of my school/ an officer in my office/ known to me personally has disclosed all information relevant to this application correctly and placed his/ her signature in my presence today.

Date:.....

.....

Signature of the Attester

.....

.....

Name of the Address
(Office Stamp)

05. Recommendation of the Ministry of Health

Application of.....is recommended/ not recommended.

Date:.....

.....

Hospital Director

Application of.....is recommended/ not recommended.

.....

.....

Regional Director, Health Services

Provincial Director, Health Services

Date:

Application of.....is approved/not approved

Date:

Director General /Health Services

PLEASE POST AN ADVANCE COPY TO THE CDCE AFTER COMPLETING SECTIONS 1 - 4
