

**CEYLON MEDICAL COLLEGE COUNCIL**  
**APPLICATION FORM**

1. Personal Information

- 1.1 Name in Full: \_\_\_\_\_
- 1.2 Name with Initials: \_\_\_\_\_
- 1.3 Gender (Male/Female): \_\_\_\_\_
- 1.4 Date of Birth: \_\_\_\_\_
- 1.5 Age: Years \_\_\_\_ Months \_\_\_\_ Days \_\_\_\_
- 1.6 National Identity Card No: \_\_\_\_\_
- 1.7 Telephone No. Fixed: \_\_\_\_\_ Mobile: \_\_\_\_\_
- 1.8 Email Address: \_\_\_\_\_
- 1.9 Address: \_\_\_\_\_
- 1.10 District of Residence: \_\_\_\_\_

2. Medium of Sitting the Exam: \_\_\_\_\_

3. Educational Qualifications (Mention from Highest Qualification downwards)

Ser. No.	Qualification	University / Institution	Date Completed / Validity Date	Subjects / Pass
01				
02				

4. Professional Qualifications

Ser. No.	Qualification	University / Institution	Date Completed / Validity Date	Subjects / Pass
01				
02				

5. Experience (Mention from the present post and downwards)

Ser. No.	Post	Institution	Period
01			
02			

6. Names, Telephone Nos. and Addresses of two non-related referees:

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7. Applicant's Certification:

I hereby declare that the information I have given above is true and correct to the best of my knowledge and belief.

Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

8. Certification of the Head of Institution (for Government / Semi Government applicants)

I hereby inform that the applicant is serving in this institution and can be released from service if selected.

Signature of Head of Institution: \_\_\_\_\_

(Official Seal)