



**REGISTRATION FOR CERTIFICATE COURSE IN HEALTH INFORMATICS
BATCH-I**

Please fill this application form in "BLOCK LETTERS"

SECTION (A) – PERSONAL INFORMATION

1. Full Name: (Rev./Mr./Mrs./Miss.)

2. Name with Initial:

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3. Permanent Address:

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4. District:

5. Province:

6. Contact No (Mobile):

(Residence):

7. E-Mail:

8. Gender

9. Civil Status

Male: Female:

Married : Unmarried:

10. Date of Birth:

DD	MM	YYYY
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11. NIC No:

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SECTION (B) – EMPLOYMENT DETAILS

Employment Status:

Employed Unemployed

Current Employment Details

Organization	Position

❖ The relevant documents should be attached with the Application form

