



Registration Form

Participant's Name:

Institution:

Position:

Address:

Telephone number/s (include mobile):

E. mail:

Highest educational qualification/s:

Payment method:

Bank deposit: Direct payment: Online payment:

Please ✓ the payment option

Payment should be credited to **People's bank account No. 316100194564819 at the Ragama branch** in favour of **Bursar, Faculty of Medicine, University of Kelaniya**.

Scanned copy of bank slip or online deposit and the duly filled application form should be sent to **n.gunathilaka@kln.ac.lk** on or before 17th of June 2021.