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UNIVERSITY OF KELANIYA
FACULTY OF MEDICINE



PART TIME JOB REGISTRATION FORM

- 1. Full Name:
- 2. Date of Birth:
- 3. Permanent Address:
- 4. Gender:
- 5. Study Stream:
- 6. Batch:
- 7. Details of Part Time Job / In Waiting:
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.....
.....
.....

I declare that I am willingly participating in this part time job.

.....
Signature

.....
Date

Recommendation of the Coordinator / Student Affairs Division:

Recommended/Not Recommended

.....

Signature

.....

Date

Recommendation of the Senior Assistant Registrar / Faculty of Medicine:

Recommended/Not Recommended

.....

Signature

.....

Date

Approval of the Dean / Faculty of Medicine:

Approved/Not Approved

.....

Signature

.....

Date

Allocated Institute:

Date of Commencement:

Approval of the Head of the Coordinating Department:

Approved/Not Approved

.....

Signature

.....

Date