Revised by: Nishamini Gunasekara Application for Studentship QAP 10 Form No 2 Revision No:00 Revision No:00 Approved by:: Dr. N.C. Amarasinghe

Please fill this application in block capital letters.							
1.	Full Name: -						
2.	Name with Initials: -						
3.	Required Name for the Certificate: -						
4.	N.I.C Card Number: -						
5.	Permanent Address: -						
6.	Telephone: - MobileWhatsApp Number						
7.	Email Address: -						
8.	Social Media: -						
9.	Date of Birth: Age						
10.	Gender: - Female Male						
11.	Name of Guardian:						
12.	District:						
	Applicant Category: - Direct Related to Safety Sri Lankan Forces N.G.O School Leavers Others School Attend: -						

	G.C. E (O/L) examination							
S	Subject	Grade	Subject		Grade 			
		•••••						
S	I. G.C. E(A/L) examination							
III. Higher Education (Degree, Diploma, Postgraduate Qualifications)								
	Qualification		Institute		(Degree/Diploma			
 Professio	onal Experience							
Professio I.	onal Experience Name of the Comp	oany:						
Professio I. II.	onal Experience Name of the Comp Designation:	oany:						
Professio I. II. III.	onal Experience Name of the Comp Designation: Company Address	oany:						
Professio I. II. III. IV.	onal Experience Name of the Comp Designation: Company Address	oany:						
Professio I. II. III. IV.	onal Experience Name of the Comp Designation: Company Address Number of Years:	oany: :						
Professio I. II. IV. Course A	nal Experience Name of the Comp Designation: Company Address Number of Years:	oany:: : cree in OSH						

V.	Diploma In OSH – English	
VI.	Higher National Diploma in OSH	
VII.	Industrial Nurses Course	
VIII.	Folk lift Operators Training	
IX.	Stress management techniques	
X.	Safe chemical handling and PPE use	
Signa	ature of the Applicant	Date
1.	Candidate is, Qualified Date of Interview	d Not Qualified
2.	Reason if not qualified	
3.	Enter to the MIS and MIS number:	
Intervi	ew Panel	Interview Panel
	Person of the Interview Board	Date

For further inquiries, Contact Dr. N.C. Amarasinghe 0112502683

General Line 0112585425

Note_

Cheque should be drawn in favors of Director General - National Institute of Occupational Safety & Health

Email to Course Co-Coordinator's Email or Send to:
Director General,

National Institute Of Occupational Safety & Health (NIOSH)

No. 97, Jawatta Road, Colombo 05.

Account Details

Account Name – Director General - National Institute of Occupational Safety and Health Account number - 119- 100- 16000-3116 Bank - People's bank , Narahenpita Registration fees – 1500/-

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	Student Paymen			
P1 (1996 AT)	Student Name:	Date Deposited:		
NIOSH National Institute of Occupational States and		//		
Health • Sri Lanka	Student No :	Bank /Branch;		
	NIOSH/			
Batch No:	Course name:	Payment Reason	NIC NO:	
Amount:	Student contact No:	Course coordinator's Name:		

Please attach the bank deposit slip or the online transfer receipt along with the student payment slip