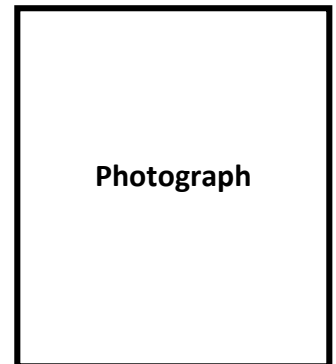




PRIVATE HEALTH SERVICES REGULATORY COUNCIL



**APPLICATION FOR REFRESHER COURSE (PHASE 04) ORGANIZED BY
PHSRC/NAITA/APHNH**



- 1. Name in Full (as appear in NIC) :
- 2. Name (as appear in Certificates) :
- 3. Date of Birth :
- 4. Age :
- 5. NIC No :
- 6. Civil Status :

7. Results of previously held Refresher Course Exam (if appeared),

(i) Theory

(ii) Practical

Pass	
Fail	

Pass	
Fail	

8. Educational Qualifications

G.C.E. O/L	Year -	G.C.E.A/L	Year -
Subjects	Grading	Subjects	Grading
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

9. Other Educational Qualifications

a)

b)

c)

10. Professional Qualifications: (Nursing)

a) 03 Years Training Programme

Name of the Institution	Theory	Clinical	Duration	Date of Completion

b) 01 Year Training Programme

Name of the Institution	Theory	Clinical	Duration	Date of Completion

11. Clinical Experience to following the above Training Programme

Name of the Institution	Duration	From	To

I do hereby certify that the particulars furnished by me in this application are true and accurate to the best of my knowledge. I am aware that if any particulars contained herein are found to be false or incorrect, I am liable to be disqualified and my name will be deleted from the list of recognition and from all records.

Certified copies of all Educational and Professional Certificates are attached.

.....
Date

.....
Applicant Signature

We hereby certify that the above information provided by the applicant is true.

Chief Nursing Officer/Matron

Name :

Signature :

Medical Director/Medical Officer in Charge

Name :

Signature & Seal :

Chief Executive Officer/Head of the Institution

Name :

.....
Signature & Seal