For Office use only

Application Number: …….

Reg. No. ……

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இலங்கை திறந்த பல்கலைக்கழகம்
The Open University of Sri Lanka

Short Course in Wound Care Nursing

Conducted by the Department of Nursing, Faculty of Health Sciences

Personal Details

1. Full name

   Dr./ Mr./ Ms.

2. Name to be mentioned in the Certificate

3. Home address

4. National Identity Card Number (or Passport Number)

5. Date of Birth:

D			M			Y				

6. Gender:

7. Tel. No.:

   Home:

   Mobile:

8. Designation:

9. Workplace (Address):

10. E-mail Address:

Qualifications

Name of the institute offered Diploma in Nursing

qualification

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Any other higher qualification/s:

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Note: Please send the scanned copy of the **duly filled application form along with the certified copy of your Diploma in Nursing certificate and Bank paying voucher to the Department of Nursing** via **nursingcerc@gmail.com on or before 31st January 2026. The hard copy of the application should also be sent** to the address given below before the closing date.

Head/ Department of Nursing
Faculty of Health Sciences
The Open University of Sri Lanka
Nawala
Nugegoda.

Selected students will be notified with the payment details through the provided e-mail addresses.

Date: …… Signature: ……..