

Application for Electives



Colombo North Centre for Liver Diseases

PERSONAL INFORMATION

Full Name :

Date of Birth : Gender :

Address :

City : Phone Number :

Email Address :

EDUCATIONAL BACKGROUND

Degree / Course	University / Institute	Year of studying
<input type="text"/>	<input type="text"/>	<input type="text"/>

ELECTIVE DETAILS

Start Date : End Date :

Any areas of interest? If Yes, please specify :

PERSONAL STATEMENT

Please explain why you are interested in an elective at the Liver Centre Ragama and what you hope to achieve during your placement (max 300 words):

I hereby declare that all information provided in this application is true and accurate to the best of my knowledge. I understand that any false or misleading information may result in the rejection of my application or termination of my elective placement.

Date : Signature : _____