

University of Jaffna, Sri Lanka
Alumni Office of the Unit of Siddha Medicine
Application for Registration

Membership Number

1.	a. Full Name			
	b. Name with initial			
	c. Maiden Name (for female members)			
2.	NIC Number		Date of Birth	DD / MM / YYYY
3.	e-mail address			
4.	a. Gender	Male / Female	b. Marital Status	Married / Single
5.	Address			
	a. Private address			
	Telephone		Mobile	
	b. Official address			
	Telephone		Fax	
6.	Qualification(s)	year	Institution	
	1.			
	2.			
	3.			
7.	a. Present post			
	b. Service Record		c. Grade	

	d. Previous Post(s)	1.
		2.
8.	Date of admission in the University	
9.	Research Experience	
	a. Conference participated	
	1.	
	2.	
	3.	
	b. Research paper published	
	a.	
	b.	
	c.	
10.	Extra-curricular activities	
	a.	
	b.	
	c.	
11.	Any other information	

I agree to furnish above information with Alumni members.

Signature:

Date: