



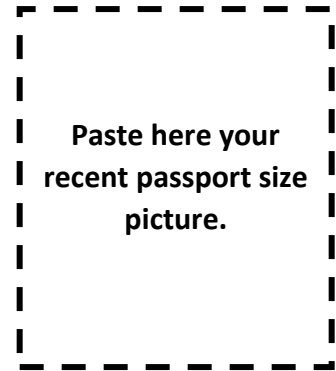
PRIVATE HEALTH SERVICES REGULATORY COUNCIL



**APPLICATION FOR REFRESHER GAP FILLING COURSE FOR THE YEAR OF 2024
(PHASE 06)
ORGANIZED BY PHSRC/NAITA/APHNH**

Application No (For office use only)

- New Applicant**
- Repeat Applicant**



Name in Full:

Name to appear on the certificate:

Address:

Gender: Male Female

Nationality:

Date of Birth:

D	D	M	M	Y	Y	Y	Y
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 NIC / Passport No:

Age: Civil Status:

Phone No. (Mobile)

E-mail:

For repeat applicants only

I. Year of previous sitting:

II. Index No:

III. Theory Pass Fail

IV. Practical Pass Fail

Educational qualifications

G.C.E. O/L - Year :

Subjects	Grading	Subjects	Grading

G.C.E. A/L - Year :

Subjects	Grading

Other educational qualifications *(If more qualifications please attached, as an annexure)*

a).....

b).....

c).....

Professional qualifications: (nursing)

Training Programme	Name of the Institution	Start Date	Completion Date
03 Years Degree/Diploma			
01 Year Diploma			
Any other			

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

Submission of Applications:

Application should be submitted with certified copies and original payment slip on or before to PHSRC at No.2A, cbm House, 4th Floor, Lake Drive, Colombo - 08 on or before 10th April 2024.

Fee structure as bellow depend on the category,

No	Category	Fees SL Rs:			
		Registration Fee	Course Fee	Examination fee	Certificate fee
1	Category 1	4,000	-	5,500	6,500
1.	Category 2	4,000	4,000	5,500	6,500
2.	Category 3	4,000	4,000	5,500	6,500

NB: Original payment slip should be attached - None Refundable (Fee should be remitted to the Private Health Services Regulatory Council, A/C No 71899822, Bank of Ceylon, Regent Street Branch)

Account Details as bellow,

Private Health Services Regulatory Council,
Account No. 71899822,
Bank of Ceylon, Regent Street Branch. (BOC Bank Deposit slips only are acceptable; Online and CDM (Cash Deposit Machine) deposit slips are not acceptable)

Candidates who were previously unsuccessful in either theory or practical evaluations may re-apply to undergo training and evaluation.

Secretary

Private Health Services Regulatory Council

Checklist of requirements (Please submit certified copies)

- Identity Card/Passport
- G.C.E. (O/L) Examination Results Sheet
- G.C.E. (A/L) Examination Results Sheet
- Professional Qualifications Certificates
- Service Confirmation Certificates
- Any other