



PRIVATE HEALTH SERVICES REGULATORY COUNCIL

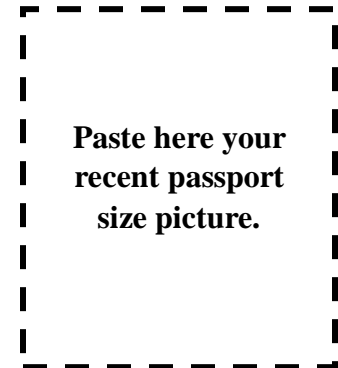


**APPLICATION FOR REFRESHER GAP FILLING COURSE FOR THE YEAR 2026
(PHASE 07)
ORGANIZED BY PHSRC/NAITA/APHNH**

Application No (For office use only)

Application – (Repeat Applicants only)

Previous Index No:



Name in Full:.....

Name to appear on the certificate:

Address:

Gender: Male Female

Nationality:

Date of Birth:

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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)

Name of the Institution	Name of the Institution	Duration Years/months	Date of Completion
03 Years Degree/Diploma			
01 year training Programme			
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.

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Date

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Applicant Signature

Submission of Applications:

Completed Application should be submitted along with the original payment slip to PHSRC, No. 2A, CBM House, 4th Floor, Lake Drive, Colombo 08 on or before 20th April 2026.

Fee Structure:

- Theory exam → Rs. 2,500.00
- Practical exam → Rs. 2,500.00
- Both Theory and Practical → Rs. 5,000.00

NB:

- The original payment slip [CDM (Cash Deposit Machine) deposit slips are not acceptable] must be attached.
- The fee is non-refundable and should be remitted to the Private Health Services Regulatory Council (A/C No. 71899822, Bank of Ceylon, Regent Street Branch).

Account details as below,

- Private Health Services Regulatory Council
- **Account No.** 71899822
- Bank of Ceylon
- Regent Street Branch