

Students Details
Faculty of Allied Health Sciences
University of Jaffna

1. Full Name :-.....
2. Course :-.....
3. Registration :-.....
4. Date of Admission :-.....
5. N.I.C.No :-.....
6. Gender :-.....
7. Date of Birth :-.....
8. E-mail Address :-.....
9. Mobile No :-.....
10. Last Attended School :-.....
11. Permanent Address & T.P.No :-.....
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12. Temporary Address & T.P.No :-.....
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.....
.....
13. Name of the guardian &
Address :-.....
:-.....
.....
14. Mahapola/Bursary :-.....
15. Family Details
Father- Name :-.....
Occupation :-.....
Salary :-.....
Mother- Name :-.....
Occupation :-.....
Salary :-.....
Brother/Sister :-.....

