

Dental Auxiliary Training School
Faculty of Dental Sciences,
University of Peradeniya.

Training course for **Diploma in Dental Assisting** ☐ (Tick the appropriate box)

Higher Diploma in Dental Technology ☐

Academic Year

2025/2026

1. NAME IN FULL (As appearing in the Birth Certificate):.....
.....
.....
(Use block capital letters)

2. NAME WITH INITIALS.....
.....

3. NATIONAL ID NO. :

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4. DATE OF BIRTH : DATE:..... MONTH:..... YEAR:.....

5. GENDER :

6. ADDRESS
.....
.....

7. TELEPHONE NO (WHATSAPP):

8. EMAIL ADDRESS:.....

9. EDUCATIONAL QUALIFICATIONS:

(a) G.C.E. (A/L) Examination(In one sitting) :

Year: Month : Index No.

<u>Subject</u>	<u>Grade</u>
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(b) G.C.E. (O/L) Examination

Year:..... Month:..... Index No:.....

<u>Subject</u>	<u>Grade</u>
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10. OTHER QUALIFICATIONS:

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I certify that information contained in this application is true and complete.

.....

Date

.....

Signature

**** Please send your duly filled application form along with copies of your educational qualification certificates on or before **21st October 2026**.