

FACULTY OF DENTAL SCIENCES

UNIVERSITY OF SRI JAYEWARDENEPURA

GANGODAWILA, NUGEGODA, SRI LANKA.

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**APPLICATION FORM FOR AN ELECTIVE ATTACHMENT**

**PERSONAL DETAILS**

1. NAME: ………………………………….…

2. NATIONALITY: ………………………………

3. GENDER: ………………………………………

4. DATE OF BIRTH: ………………………………………………

5. PASSPORT NO: …………………………………………………

6. ADDRESS (For Future Correspondence): ……………………………………………………

7. CONTACT NO: ………………………………………………....

8. E-MAIL ADDRESS: …………………………………………….

9. PHOTOGRAPH (Passport Size jpg or png): Need to be emailed to the, [dean.fds@sjp.ac.lk](mailto:dean.fds@sjp.ac.lk) separately.

**ELECTIVE APPOINMENT DETAILS**

1. Total number of elective weeks: ……...……………………………

2. Duration - Start date: ………………………. End date: …………………………………

3. Select the appointments you wish to do in the order of preference and the dates.

Preference Duration

1. Restorative Dentistry ……………. …………………….
2. Maxillofacial Surgery ……………. …………………….
3. Community Dentistry ……………. …………………….
4. Oral pathology ……………. …………………….
5. Orthodontics ……………. …………………….

**ABOUT YOUR HOME INSTITUTION**

1. NAME OF YOUR UNIVERSITY/DENTAL SCHOOL (Include the Address):

……………………………………………………………………………………………..

2. PRESENT YEAR OF STUDY: …………………………………………………………..

3. TOTAL DURATION OF THE DENTAL COURSE: ……………………………………

**ELECTIVE FEES**

Elective students are required to pay a fee and the specified amount need to be credited to the below mentioned account:

Bank account name: University of Sri Jayewardenepura

Account number – 097100120027004

Bank Name: Peoples Bank Bank code: 7135

Branch: Gangodawila Branch code: 097

US$ 400 for up to four weeks elective attachment

US$ 550 for five to eight weeks elective attachment

A scanned copy of the elective payment slip need to be emailed to the, dean.fds@sjp.ac.lk

**OTHER REQUIREMENTS**

Please send via e-mail the following documents (dean.fds@sjp.ac.lk);

1. Resume or a brief curriculum vitae
2. A letter from the Dental School/University confirming your dental studentship and giving permission to do an elective.
3. A scanned copy of the elective payment slip.

I certify that the all above information given by me is true and correct.

……………………………

(Signature)

Name: ………………………………….. Date: ……………………………………