


Registration Form

Bachelor of Science Honours in Medical Science in Acupuncture

 <h1 style="font-size: 2em; color: red; margin: 0;">KIU</h1> <p>249/1, Malabe Road, Thalangama North, Koswatta, Battaramulla, Sri Lanka. Phone: +94 112741042 Fax: +94 112741879 registrar.office@kiu.lk / info@kiu.lk www.kiu.lk</p>	Office Use Only Registration Number <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td> </tr> </table> <div style="border: 1px solid black; width: 100%; height: 100px; display: flex; align-items: center; justify-content: center; margin-top: 10px;"> Paste Your Photograph here </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 80%;">PP Size Photographs</td> <td style="width: 20%;"></td> </tr> <tr> <td>NIC/PP Copy</td> <td></td> </tr> <tr> <td>Birth Certificate Copy</td> <td></td> </tr> <tr> <td>Educational Certificates</td> <td></td> </tr> </table>																					PP Size Photographs		NIC/PP Copy		Birth Certificate Copy		Educational Certificates	
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Notes : Fill in BLOCK LETTERS only Fill all sections Submit all related documents with the Registration Form Incomplete applications will be rejected For assistance, please call Registrar's office on +94 112741042	Office Use Only <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Franchise</td> <td style="width: 20%;"></td> </tr> <tr> <td>Affiliation</td> <td></td> </tr> <tr> <td>Representative</td> <td></td> </tr> <tr> <td>International (A)</td> <td></td> </tr> <tr> <td>National (A)</td> <td></td> </tr> </table>	Franchise		Affiliation		Representative		International (A)		National (A)	
Franchise											
Affiliation											
Representative											
International (A)											
National (A)											

A PERSONAL DETAILS													
Rev.		Mr.		Mrs.		Ms.							
Note: Please provide your name as appearing in the National ID or Travel Document / Passport													
Surname													
Given Name(s)													
Name with Initials													
Date of Birth	D	D	M	M	Y	Y	Y	Y	Gender	M	F		

B PREVIOUS COURSE DETAILS (if any)													
Previous Registration Number (if any)													
Program / Course Details (if any)													

C EDUCATIONAL QUALIFICATIONS			
SECONDARY EDUCATION			
Year	School Attended	Qualification Obtained	Results
POST-SECONDARY EDUCATION (if any)			
Year	Institute	Qualification Obtained	Results

D ENGLISH PROFICIENCY		
Year	Qualification (IELTS, TOFEL, etc.)	Results
	GCE O/L Examination - English	

E CONTACT DETAILS OF APPLICANT																											
Permanent Address	Address																										
	City																										
	Country																										
Postal Address (if different from the above)																											
Telephone No.				Residence																							
				Work																							
				Mobile 1																							
				Mobile 2																							
Fax (if any)																											
Note: E-mail address will be used to communicate course details and time tables																											
E - mail 1																											
E - mail 2																											

F CITIZENSHIP DETAILS																									
Are you a citizen of Sri Lanka		Yes																							
		No		If you are not a Sri Lankan citizen please state your nationality																					
Nationality																									
Passport Number																									

G CONTACT PERSON IN CASE OF EMERGENCY																										
Name																										
Permanent Address																										
Telephone No.		Residence																								
		Work																								
		Mobile 1																								
		Mobile 2																								
E - mail																										
Relationship																										

H SPECIAL REQUIREMENTS (Please state if you have any special requirements that is required to support your studies)										
Right Hand			Left Hand			Slipper Size			Locker Key	

I LEGAL DECLARATION									
<p>I, the applicant,</p> <ol style="list-style-type: none"> 1 Acknowledge that the KIU does not accept responsibility for damage or loss in respect of property of the applicant or in respect of property brought into KIU premises by the applicant. 2 Do hereby indemnify the KIU in respect of any damage caused by the applicant to KIU property or to the property of third parties, whether on or off the KIU premises, as a result of the applicant's actions either whilst on the KIU premises or whilst engaged in any activity related to the KIU. 3 Undertake, during the orientation period and for any period during which I am a registered student, to be bound by the rules and regulations of the KIU for the time being in force, including the rules and regulations of any KIU residence, club or society to which I may be admitted or become a member and by any requirements or conditions imposed by the KIU on me as a prerequisite to my registration as a student of the KIU in any faculty. 4 Understand that if the KIU believes that any information or statement contained on my application form may not be true, accurate, current and complete, or that any material submitted in support of my application may not be entirely my own original work, except where clearly stated otherwise, it may take any necessary steps to verify that information or statement, or to confirm that any supporting material is entirely my own original work, except where clearly stated otherwise. 5 Certify that the information provided in this form and all supporting documentation is accurate and acknowledge that furnishing any false information may result in disciplinary proceedings being taken against the applicant. 6 Declare that I have furnished the KIU with all the information necessary to make an informed decision about my admission. 7 Undertake to pay unconditionally all fees, charges and equipment surcharges payable to the KIU as they fall due for payment for any period for which I am or may become a registered student or the applicant of the KIU. 8 Undertake to pay unconditionally all fees, charges and equipment surcharges payable to the KIU as they fall due for payment for any period for which I am or may become a registered student or the applicant is or may become a registered student of the KIU. 9 Understand that if I do not settle all fees by due date, I will not be able to access any facilities /results provided. 10 Understand that if I am unable or unwilling to accept the terms and conditions of the offer of a loan, the offer will be withdrawn. 11 Honour that the KIU reserves the right to expel the applicant from the KIU or to revoke the degree granted, at any given time if KIU finds that any document produced to the KIU with the application to be forged. 									

Signature of the Applicant

Name of the Applicant

Date

KIU is a degree awarding institute accredited by the Ministry of Higher Education of Sri Lanka and recognized by the University Grants Commission, Sri Lanka.