FACULTY OF HEALTH-CARE SCIENCES EASTERN UNIVERSITY, SRI LANKA

Staff Registration Form

Please affix Passport size colour Photograph here

(Background should be blue)

1. 2.	Salutation Surname			: Rev./Prof./Dr./Mr./Ms./Miss./																	
3.	First	t Nam	ie	:	•			•						•						ı	
	Sex Ema	ail		: M :	Male / Female																
6. Permanent Address :																					
7.	Prin	nary T	elepł	none	No. :		Other Phone No.:														
8.	8. N.I.C No. :_						Date of Birth:														
9.	9. Date of First Appointment							:: Appointment: Permanent / Temporary													
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