



The Certificate Course
On Drug Counseling
National Dangerous Drugs Control Board
APPLICATION FORM

Photograph
Passport Sized

Phase of Course : _____

Commencing from : _____ to _____
DD/MM/YYYY DD/MM/YYYY

Personal Particulars

Name (Rev/Dr/Mr/Mrs/Ms): _____

Full Name: _____

Sex (tick one): MALE FEMALE

Marital Status: _____

Date of Birth: _____
Date - Month – Year

NIC No.: _____

	Office	Home
Address:		
Tel Nos.		
Mobile/Cell:		
Fax:		
E-mail:		

Meals Need : Vegetarian Fish Chicken

Educational Qualifications

Postgraduate/ Degree / Diploma /	Year	Name of Educational Institute
1.		
2.		
3.		
4.		

Certificates/ GCE A/L ,O/L / Other		
1.		
2.		
3.		

Professional Qualifications, if any:

Professional Qualifications	Year	Name of Institute
1.		
2.		
3.		

Are you an employee : (Mark appropriate box)

a. Government b. Semi-government c. NGO d. Private Sector

Details of present employer

Name of the Organization : _____
 Address: _____

 Tel. No. : _____ E-mail : _____

Have you ever follow a counseling course (Mark one): YES NO

If answer is yes, details of the Course _____

Why did you interest to study this counseling course?

I _____ certify that the above information are true and correct.

Date : _____ (SIGNATURE OF THE APPLICANT)

Please send your application to : Chairman
 National Dangerous Drugs Control Board
 No383, Kotte Road
 Rajagiriya
 Sri Lanka