



INTERNATIONAL INSTITUTE OF HEALTH SCIENCES

GENERAL APPLICATION FORM

Please note that you are advised to provide accurate and detailed information as required.

COURSE APPLYING FOR:

YEAR APPLYING FOR:

Y	Y	Y	Y
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Y	Y	Y	Y
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Attach your Photo here

PART A: PERSONAL INFORMATION

Title:

Mr.

Ms.

Name:
(as per NIC/ Passport)

NIC Number:

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Passport Number:

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Date of Birth:

D	D	M	M	Y	Y	Y	Y
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Age:

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Civil Status:

Single

Married

Permanent Address:

Telephone No.:

Residence

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Mobile

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E-mail:

PART B: RESIDENCY AND OTHER DETAILS

Country Of Birth:

Citizenship:

For International Students

Do you hold a valid Sri Lankan Visa: Yes

No

If yes, type of visa:

Visa expiry date:

D	D	M	M	Y	Y	Y	Y
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PART C: EMPLOYMENT DETAILS

Designation:

Official Address:

Telephone:

E-mail:

PART D: ACADEMIC QUALIFICATION

School Attended:

G.C.E. Ordinary Level - Year

Local (Sinhala/Tamil/English)

London (Cambridge/Edexcel)

Subject	Grade

G.C.E. Advanced Level - Year

Local (Sinhala/Tamil/English)

London (Cambridge/Edexcel)

Subject	Grade

Higher Education / Professional Qualifications

Name of the University / Professional Body	Degree / Diploma Awarded	From	To

PART E: PERSON TO BE CONTACTED IN A CASE OF EMERGENCY

Name: Mr./Ms.

Relationship to student:

Telephone No.: Residence

Mobile

PART F: AWARENESS ON IIHS PROGRAMMES

How did you get to know about our Programmes? (Select from the followings)

(Agent, Advertising Boards at IIHS, Brochures, Banners/Posters, Education Fair/Exhibition, E-mail, E-adds, Google, IIHS Student, IIHS Website, News paper advertisements, Radio, TV programmes/Commercials, Others)

If others, please specify

PART G: PREVIOUS VISA APPLICATION

Have you / your spouse ever applied for any type of visa/for PR in another country? Yes No

If yes, Please provide the following details.

Name of the Applicant	Country	Year	Type of Visa (PR/ Student/Visit/Work)	Granted/Refused/Pending

If your / your spouse's visa / PR application has been refused before, please indicate the reasons for that.

PART H: FINANCIAL SUPPORT

Are you and your sponsors aware of the visa regulations and funding requirements for the program in concern?

Yes

No

Who will be providing you the financial support?

Please provide a summary of your financial support for the duration of studies in the local as well as international context (Applicable for the Pathway Programs only)

Counselor's Remarks:

PART I: STUDENT DECLARATION

1. I declare that the information supplied in this application and the supporting documentation is true and complete.
2. I acknowledge that the provision of incorrect information or withholding of relevant information relating to my application, including academic transcripts might invalidate my application and that IIHS may withdraw an offer of a place or cancel my enrolment in consequence.
3. I recognize that it is my responsibility to provide all necessary documentation to support my application and I authorize IIHS to obtain further relevant documentation where necessary.
4. I agree that I have read and understood the Payment plan, Refund Policy, Visa Regulations and Application Procedure for pathway programmes.
5. I confirm that I have received and read a copy of the Course Information form and fully understand the requirements of the selected course.
6. I agree with the IIHS's policies and guidelines which are in the Student Handbook.
7. I agree that the foreign academic program's acceptance, selection and fees structure are totally at the discretion of the respective foreign university.
8. I agree to abide by the statutes, regulations and policies of IIHS.
9. I understand that IIHS as an Educational Institute is not responsible for guaranteeing a student visa and the fact that the student visa requirements can be changed according to the immigration policies relevant to student visas in respective countries. However the college will guide and assist the students in the process of obtaining student visas.

The information on this form is primarily used to assess your application for entry to IHS. It is also used to create an enrolment record on the application management system and the student database, and to prepare statistical analysis.

Personal information could be collected from, or disclosed to, relevant bodies for verification of your previous qualifications, and it may be disclosed to government agencies, as required by legislation for your visa application and to IHS for assessment of your application.

I certify that I have read and understood the above information and that the information I have disclosed is complete and accurate to the best of my knowledge. Also I understand that withholding information or giving false information will make me ineligible to enroll in IHS and may warrant my immediate dismissal.

Signature:
(Student)

Signature:
(Parent/Legal Guardian*)

NIC Number of the student:

Date:

Name of the Counselor:

* Parent/Legal Guardian must sign for the students under 18 years of age.

Documentation Checklist for Registration

- Copy ofn the Birth Certificate
- Copy of National Identity Card / Passport
- Copy of the Student Visa (For International Students only)

Copies of the Academic Qualifications

- O/L
- A/L
- Relevant Professional Qualifications