



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