

|  |  |  |
| --- | --- | --- |
| PERSONAL DETAILS | | Image here: |
| Full Name: |  |
| Gender: |  |
| Date of Birth: |  |
| Nationality: |  |
| Placement Type: |  |
| University: |  |
| Course: |  |
| Year of Study: |  |

|  |  |
| --- | --- |
| PLACEMENT DETAILS | |
| NATIONAL HOSPITAL, KANDY | |
| Department/Unit: | Duration: |
| Department/Unit: | Duration: |

|  |
| --- |
| PLACEMENT OBJECTIVES |
|  |

|  |
| --- |
| CLINICAL EXPERIENCE |
|  |

|  |  |
| --- | --- |
| ADDITIONAL DETAILS | |
| Insurance Provider:  Insurance Policy Type:  Insurance Policy Number:  Insurance Tel:  Indemnity Provider: |  |