



**Certificate Course of Counseling on  
Cessation & Prevention of Tobacco &  
Alcohol, NATA**

**CLOSING DATE OF APPLICATIONS**

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**APPLICATION NUMBER:**

*(For official use only)*

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**APPLICATION FOR ADMISSION TO CERTIFICATE COURSE OF  
COUNSELING ON CESSATION & PREVENTION OF TOBACCO & ALCOHOL**

**01. PERSONAL DATA**

*(Please use capital letters in completing sections 2.a and 2.b)*

**2.1 NAME OF THE APPLICANT** *(Your name should be tallied with the name appearing in the bachelor degree certificate and the birth certificate. Kindly note that the name given here will appear in your postgraduate degree certificate)*

<b>(a) FULL NAME (Rev. / Mr. / Mrs./ Ms.)</b> (Please leave one space after each name)																													
<b>(b) NAME WITH INITIALS</b>																													

**2.2 SEX**

<b>Male</b>	
<b>Female</b>	

**2.3 LANGUAGE PROFICIENCY**

<b>Sinhala</b>	
<b>Tamil</b>	
<b>English</b>	





**4.3 RECCOMONDATION OF HEAD OF INSTITUTION**

I hereby recommend .....for following the requested Certificate Course of Counseling on Cessation and Prevention of Tobacco and Alcohol, NATA. I am confident in their ability to excel in this endeavor and make meaningful contributions.

Date: .....

Signature: .....

Official Stamp:

**5. REFERENCES (*Give names and addresses of two referees*)**

**Name :**

**Name:**

**Address :**

**Address:**

**E-mail :**

**E-mail:**

**Contact No:**

**Contact No:**

**02. DOCUMENTS SUBMITTED WITH THIS APPLICATION**

**Certified Copies of the Degree/ Diploma Certificate/s**

**Certified Copy of the Office ID**

**Certified Copy of the NIC**

**Curriculum Vitae**

**10. DECLARATION BY THE APPLICANT**

I certify that the information provided above is correct and I agree to abide by and be subject to the regulations of the NATA if this application is accepted for consideration to the admission to the certificate course applied.

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Date

.....

Signature of Applicant

## **Application Procedure**

- Duly filled applications along with certified photocopies of and educational/ professional qualifications should be sent to reach the following address, by registered post, on or before the closing date.

Chairman  
National Authority on Tobacco and Alcohol  
11<sup>th</sup> Floor, Wing A  
Sethsiripaya Stage II  
Battaramulla

Name of the certificate course should be indicated in the top lefthand corner of the envelope.

*(Official Use Only)*

**10.1 RECOMMENDATION OF PROGRAMME COORDINATOR**

**RECOMMENDED**

**NOT RECOMMENDED**

If not Recommended, indicate reasons: .....

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Date

Signature of Programme Coordinator

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**10.2 APPROVAL OF CHAIRMAN, NATA**

The application is approved/ Not approved for registration.

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Date

Signature of Chairman

