

Application Form for Persons Requesting Voluntary Rehabilitation

1. Full Name:
2. Other Name (Used):
3. Address:
4. Date of Birth:
5. Telephone Number:
6. National Identity Card No.:
7. Ethnicity:
8. Religion:
9. Marital Status (Married / Unmarried):
10. Grama Niladhari Division:
11. Divisional Secretariat Division:
12. District:
13. Nearest Police Station:
14. Educational Qualifications Obtained:
15. Occupation:
16. Health Condition and Disabilities (if any):
17. Name of a Closest Relative:
18. Address of the Closest Relative:
19. Telephone Number of the Closest Relative:
20. Has the person Previously Undergone Rehabilitation (Yes / No):
21. If Yes, Details of Previous Rehabilitation:
22. Telephone Number and Address to Be Notified in Case of an Emergency:
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I hereby certify that the above information is true and correct.

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Applicant's Signature