CONFIDENTIAL

Student Mentoring Programme
Faculty of Nursing, University of Colombo | 2026

STUDENT INFORMATION

Affix student photo

Name :

Preferred first name :

Registration number :

Permanent address* :

Telephone number/s (Home): (Mobile):

Email address :

Place and address of current residence:

FAMILY DETAILS

Parents / guardian: Name	Age	Occupation	Telephone No.
Mother:			
Father:			
Guardian:			

Address of mother / father / guardian if different from above*

Number of Siblings:

M/F	Age	Occupation

EMERGENCY CONTACTS

Contact person: Telephone:
If the student is from outstation, request an emergency contact in Colombo if available
Contact person: Telephone:
Address:

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Signature of the student Date