



WORLD MENTAL HEALTH DAY CELEBRATIONS 2019

National Institute of Mental Health, Mulleriyawa New Town

Application for Art Competition (Open Category)

1) Name of the Applicant:

2) Age: Date of Birth:

3) Gender: Male/ Female

4) Contact Information:

a. Address:

.....

.....

b. Tele. No: (Mobile)(Residence)

5) Medium:

6) Language preference for communication: Sinhala/ Tamil/ English

I certify that the above particulars are correct and willing to participate in this competition organized by National Institute of Mental Health.

Signature:

Name:

Date: