

**UNIVERSITY OF RUHUNA**

**FACULTY OF MEDICINE**

**APPLICATION OF THE ACADEMIC TRANSCRIPT**

1. Name with initial: Mr. /Miss. /Ms. ....

2. Full Name of the Applicant : .....  
.....

3. Address of the Applicant : .....  
.....

Contact Number : ..... Date of Registration : .....

4. Registration Number : .....

Year of Admission : ..... Batch No : .....

5. Purpose for which the transcript is required : .....  
.....  
.....

6. Address to which the transcript should be sent :.....  
.....  
.....

7. Particulars of Examination passed :  
(Please indicate the subjects offered at each examination and the year of passing)

Exam : ..... Index no : ..... Year : .....

Exam : ..... Index no : ..... Year : .....

Exam : ..... Index no : ..... Year : .....

Exam : ..... Index no : ..... Year : .....

Date : ..... .....

Signature of Applicant

(Please turn over)

## NOTE

### 01. Fees

Fee Description	Fee (Rs.)
Up to 39 <sup>th</sup> Batch <ul style="list-style-type: none"><li>• Local or Foreign Transcript, Academic Record &amp; Dean's certificate</li><li>• Additional Copy (Per 1)</li></ul>	<ul style="list-style-type: none"><li>• Rs. 750, Rs. 500 &amp; Rs. 250</li><li>• Rs. 100</li></ul>
40 <sup>th</sup> Batch <ul style="list-style-type: none"><li>• Local or Foreign Transcript</li><li>• Additional Copy</li></ul>	<ul style="list-style-type: none"><li>• Rs. 1500</li><li>• Rs. 100</li></ul>
41 <sup>st</sup> Batch onwards <ul style="list-style-type: none"><li>• Local or Foreign Transcript</li><li>• Additional Copy</li></ul>	<ul style="list-style-type: none"><li>• Rs. 3000</li><li>• Rs. 200</li></ul>

(Transcript will be sent under registered post and the applicants should pay the necessary postage in addition to the prescribed fee.)

02. Student can make the payment either to the faculty shroff counter or to the bank account mentioned below.

PEOPLES BANK ACCOUNT NUMBER	343-1-001-2-1924633
ADDRESS :	PEOPLES BANK, KARAPITIYA, GALLE, SRI LANKA
SWIFT CODE :	PSBKLKLX
BENIFICIARY NAME :	DEAN, FACULTY OF MEDICINE UNIVERSITY OF RUHUNA

03. Application for transcripts should be addressed to the **Assistant Registrar, Faculty of Medicine, University of Ruhuna, Galle**

Amount paid : Rs. ....

Date of payment : .....

Receipt/Cheque No. : .....