rmf/ad/08/Fo/21

APPLICATION OF THE ACADEMIC RECORDS & DEAN'S CERTIFICATES

Name : .....

Present Address : .....

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Academic Records ☐

Dean's certificated ☐

Telephone No : .....

Year passed out from Ruhuna Medical Faculty : .....

E-mail : .....

Batch : .....

Registration No. : .....

Date of Registration : .....

Purpose for the request :

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Other requirements :

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Amount paid : ..... Receipt No .....

Postage paid ☐ Not paid ☐

....

Date Signature