

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. Transcripts are sent only to the Universities, Ministries, Embassies or any other Recognized institutes. Transcript are not issued direct to the applicants as they are of confidential nature.

02. Fees :

- Local or Foreign transcript Rs. 200.00
(Additional Copy Rs.50.00)
- Academic Record Rs. 100.00
(Additional Copy Rs.50.00)
- Dean's certificated Rs. 50.00
(Additional Copy Rs.50.00)

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

03. Each application must be accompanied by a cheque drawn in favour of the “Dean, Faculty of Medicine (Peoples bank, Faculty Account No. 343-1-001-2-1924633) Galle” or a **University receipt for the Full amount** indicated above including postage.

For International transactions.

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

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

Amount paid : Rs.

Date of payment :

Receipt/Cheque No. :

05. Transcript will be sent under registered post to the relevant institutions within 03 days.