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Gampaha Wickramarachchi University of Indigenous Medicine

கம்பஹா விக்ரமாராச்சி சுதேச மருத்துவப் பல்கலைக்கழகம்

Internal Memo

Establishment Division

DATA FOR SALARY PAYMENT

Please be kind enough to send the following details in order to fill the computer master details of the Finance Division of the GWUIM.

DR/SAR/AR

Date: __.__.202__

Name (Surname First) as per the appointment letter	
Employee No.	
Date of Birth	
NIC No.	
Mobile No.	
Email address	
Date Joining to GWUIM	
Designation	
Department	
Bank details to remit salary	Bank: Branch: Branch Code: A/C No.: (A copy of the passbook is attached herewith)

.....

Signature of the Employee