



GAMPAHA WICKRAMARACHCHI UNIVERSITY OF INDIGENOUS MEDICINE

APPLICATION FORM FOR A DETAILED CERTIFICATE - POSTGRADUATE COURSES

Details of Applicant

01. Name in Full : Mr/Ms.....

 02. Permanent Address :
 03. Contact Details: Telephone : Residence Mobile
 E-mail :
 04. Gender : Male Female

Details of Course Completed

01. Name of the Course :
 02. Student Registration No. :
 03. Title of the Project Report/ Dissertation :

 04. Effective Date of the Results :
 05. Dues to the Library :
 (To be endorsed by the Librarian)
 06. Dues/Liabilities to the Faculty of Graduate Studies :
 (To be endorsed by the AR/FGS)

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 Date

.....
 Signature of Applicant

NOTE

Fees : Detailed Certificate : **Rs. 1000.00**

Fees can be paid to the University shroff or credited to the account no : **333100200000059** of the Gampaha Wickramarachchi University of Indigenous Medicine through any Peoples' Bank. *(Duly completed application form with the payment receipt should be submitted to the Examination Division)*