



**GAMPAHA WICKRAMARACHCHI UNIVERSITY OF  
INDIGENOUS MEDICINE**

**APPLICATON FORM - ACADEMIC DETAILED RECORD**

01. Full Name of the Applicant : Mr/Ms.....  
.....
02. Address of the Applicant : .....
03. Contact Details: Telephone : .....
- E-mail : .....
04. Gender : Male  Female

05. Registration No. : .....
06. Name of the Faculty : .....
07. Year of Admission : .....
08. Year of obtained the Degree : .....
09. Name of the Degree awarded: .....
10. Class Obtained : .....
11. Effective Date of the Degree : .....

Date : .....

.....  
Signature of Applicant

**NOTE**

Fees : Academic Detailed Record : **Rs. 750.00**

Fees can be paid to the University shroff or credited to the account no :- **333100110000059** of the Gampaha Wickramarachchi University of Indigenous Medicine through any Peoples' Bank.  
(Receipt or a scanned copy of bank voucher should be attached.)