



GAMPAHA WICKRAMARACHCHI UNIVERSITY OF INDIGENOUS MEDICINE

APPLICATION FORM - ACADEMIC DETAILED RECORD

01. Full Name of the Applicant : Mr/Ms.....
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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.)