



**GAMPAHA WICKRAMARACHCHI UNIVERSITY OF
INDIGENOUS MEDICINE**

APPLICATION FORM – TEMPORARY CERTIFICATE

01. Full Name of the Applicant : Mr/Ms.....
.....
02. Contact Details: Telephone :
E-mail :
03. Registration No. :
04. Name of the Faculty :
05. Name of the Degree awarded:
06. Class Obtained :
07. Effective Date of the Degree :
08. Whether Dues clearance form has submitted to the Examination Division :

Date :

.....

Signature of Applicant

NOTE

Fees : Temporary Certificate : **Rs. 100.00**

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.*)