



GAMPAHA WICKRAMARACHCHI UNIVERSITY OF INDIGENOUS MEDICINE
DUES CLEARANCE FORM

01. Full Name :

02. Student Registration No. :

03. Name of the Course registered :

04. Name of the Faculty :

05. State whether passed/sat/awaiting results :

Date :

Signature of Applicant

Contact Number:

Dues to the Faculty (To be endorsed by the AR/SAR)	No dues <i>(official seal should be fixed)</i>
Dues to the Library (To be endorsed by the Librarian, SAL/AL)	No dues <i>(official seal should be fixed)</i>
Dues to the Student Welfare Branch (To be endorsed by the AR/SAR)	No dues <i>(official seal should be fixed)</i>
Dues to the Sport Committee (To be endorsed by the Sport Coordinator)	No dues <i>(official seal should be fixed)</i>
Dues to the Career Guidance Unit (To be endorsed by the CGU Coordinator)	No dues <i>(official seal should be fixed)</i>
Dues to the Examination Division (To be endorsed by the SAR/DR)	No dues <i>(official seal should be fixed)</i>

