



GAMPAHA WICKRAMARACHCHI UNIVERSITY OF INDIGENOUS MEDICINE

APPLICATON FORM - ACADEMIC TRANSCRIPT

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 :

12. Purpose/ Reason for which the transcript is required :
(please attach a copy of official request if any)

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13. Official address of the relevant authority which academic transcript should be sent :

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Date :

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Signature of Applicant

Note

1. Transcripts are sent only to the universities, ministries, embassies or an other recognized institutes. Transcripts are not issued directly to the applicant as they are confidential.

2. Fees :

Academic Transcript	Fee (Rs)
Local (within 5 working days)	500.00
Local (within 2 working days)	750.00
Foreign (within 5 working days)	750.00
Foreign (within 2 working days)	1500.00

3. The transcripts will be sent under registered post/air mail/ courier service and the applicant should pay the necessary postage in addition to the prescribed fee. 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.)

4. Applications for transcripts should be addressed to the Deputy Registrar/ Examinations, Gampaha Wickramarachchi University of Indigenous Medicine, Yakkala, Gampaha

Details of Payment

(should be filled by applicant)

Amount paid :

Date of payment :

Branch of the Peoples' Bank :