## FACULTY OF INDIGENOUS MEDICINE, UNIVERSITY OF COLOMBO APPLICATION FOR POSTGRADUATE CERTIFICATES / TRANSCRIPTS

1.	Surname (Mr./Mrs./Rev.	):	
	Name in Full	1	
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2.	Permanent Address	1	
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3.	Contact No	Ţ	
4.	E-mail Address	1	
5.	Faculty	i	
6.	Registration No	1	······································
7.	Index No	<i>.</i> :	
8.	Duration of the Course	:	· · · · · · · · · · · · · · · · · · ·
9.	Name of Postgraduate I	egree/Diploma awarded: .	
10.	Year of awarded	:	
11.	Address to be sent	· · · · · · · · · · · · · · · · · · ·	*
	e e		s**
•••		********	Date:
	Signature of Applicant		
-			
12.	Certificate will not be iss	ared if there are any dues to	the university. Please obtain certifications
	from the following.		•
		Vita (S	
	Postgraduate		
	No dues. Certificate cou	ld be issued.	
3			Librarian
	8 8	Certificate could be issued.	Receipt No:

3 Fees for the co	ertificate are as follows	Postgraduate_	No of Copies
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Each Addit		Rs.2000/=	
	Franscript With grades	Rs.2000/=	
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	Franscript With Marks	Rs.3000/=	
Each Addit	ional Copy	13.5000	
<b>❖</b> Pos	tage-Local (Registered)	Rs.110/=	
	-Foreign (Registered) (Subject to Change by Cour	Rs.250/= atry)	
		D 200/	
V. To Certify A. VI. Late fee fo		Rs.300/= (per year) Rs.25/=	
	As True Copy r collecting original certificates		
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VI. Late fee fo	r collecting original certificates		
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VI. Late fee for VII. Verifical State Institution Others Foreign O	r collecting original certificates  ations tutions rganizations	(per year) Rs.25/=  Free of Charge Rs. 800/=	
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