

Requesting a Certificate

Name of the Doctor:

Student Registrartion No: M/...../.....

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|------------------------------------|--------------------------|--------------------------|
| 1. Transcript- | i. Local (Rs.3000.00) | <input type="checkbox"/> |
| | ii. Foreign (Rs.5000.00) | <input type="checkbox"/> |
| 2. Student Verification | | |
| • Dean's Letter | (Rs.5000.00) | <input type="checkbox"/> |
| • ECFMG | (Rs.5000.00) | <input type="checkbox"/> |
| • EPIC | (Rs.5000.00) | <input type="checkbox"/> |
| • WES | (Rs.5000.00) | <input type="checkbox"/> |
| 3. UK NARIC | (Rs.2500.00) | <input type="checkbox"/> |
| 4. Application Filling (Any) | (Rs.5000.00) | <input type="checkbox"/> |
| 5. Clinical Rotation | (Rs.5000.00) | <input type="checkbox"/> |
| 6. Confirmation of course Language | (Rs.2000.00) | <input type="checkbox"/> |
| 7. Provisional Certificate | (Rs.500.00) | <input type="checkbox"/> |

The amount should be paid to the

Shroff, Accounts Branch/Faculty of Medicine

or

Peoples' Bank, Peradeniya-Account No. 057-100-111-338033,

Faculty of Medicine, University of Peradeniya.

Transcript should be sent to

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(Recipient's address (This address must be an official address))

Other

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Signature

Date