FACULTY OF MEDICINE, UNIVERSITY OF PERADENIYA

Application form for the Faculty Award

Name of Applicant :	
Registration No. :	
Home Address :	
Mobile No :	

Results of Previous Examinations

Name and Date of the Exam	
Eg. 2 nd MBBS Month/Year, Third	
MBBS Month/Year & Final MBBS	
Month/Year	
Results	GPA
Distinctions/Prizes/Medals/Scholarships	
-	

Extracurricular Activities (Please provide the details)

(a) <u>Outstanding talents in sports</u>

Event		
International Sports	s Event representing the University	
Inter University Ev	rents in the national level	
Inter Faculty Event	S	
University Colors	Full color	
	Half color	
Best Athlete/Player	r of the year	
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*Please attach extra pages if needed

(b) Creativity ability or Technical Fields

Activity	Date
Aesthetics competition	
Completion of examinations or graduating performance in aesthetic fields	
Public/mass media performance in aesthetic fields (Outside the University)	
Performance in aesthetic fields at a University approved event	

(c) <u>Community Service and Good Citizenship</u>

Activity	Date

(d) Leadership of a recognized body

Activity	Date

(e) <u>Research or pursuing new knowledge</u>

Article	Publish	Date

I certify that the above information given by me in this application is accurate and the certificates submitted by me true and correct to my knowledge.

I hereby declare that I have not had any disciplinary actions taken against me by the University authorities.

Date

Signature of Applicant

(Please attach additional papers if necessary)