**Application Form for the Post Graduate Academic Transcripts or**

**Post Graduate Verifications.**

**Faculty of Medicine, University of Peradeniya.**

Purpose : Local Transcript/ Foreign Transcript / Verification

Name of Student : …………………………………………………………………

NIC/Passport No. : …………………………………………………………………

Date of Birth : …………………………………………………………………

Registration No : …………………………………………………………………

Date of Registration : …………………………………………………………………

Type of Degree : Full time / Part time

Degree : PhD / MPhil

Effective Date of Degree : …………………………………………………………………

Title of the Thesis : …………………………………………………………………

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Details of the Recipient : …………………………………………………………………

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Details of the payment slip : …………………………………………………………………

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……………………………. ………………………

Signature of the Applicant Date