

Requesting Transcripts/ Certificates/Letters and Verifications

Full Name of the Doctor:

Student Registration No. : M/...../.....

1. **Transcript** i. Local (Rs.3000.00)

ii.Foreign (Rs. 5000.00)

2. Student Verification

Dean's Letter (RS.5000.00)

ECFMG/EPIC (RS.5000.00)

WES (RS.5000.00)

Other verifications (RS.5000.00)

3. UK NARIC uploading (Rs. 2500.00)

4. Application Filling(Any) (Rs. 5000.00)

5. Clinical Rotation (Rs. 5000.00)

6. Confirmation of course Language (Rs. 2000.00)

7. Provisional Certificate (Rs. 500.00)

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

Transcript should be sent to

(Only for the transcripts)

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

Please send your application with the paying slip to

pdn.medicaltranscripts@gmail.com

Signature.....

Date.....