

FACULTY OF MEDICINE, UNIVERSITY OF PERADENIYA

Application form for the Faculty Award

* Please fill separate forms for 2nd MBBS, Third MBBS & Final as applicable

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) Outstanding talents in sports

Event		Date
International Sports Event representing the University		
Inter University Events in the national level		
Inter Faculty Events		
University Colors	Full color	
	Half color	
.....		
Best Athlete/Player of the year		

*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) Community Service and Good Citizenship

Activity	Date

(d) Leadership of a recognized body

Activity	Date

(e) Research or pursuing new knowledge

	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.

.....
Date

.....
Signature of Applicant

(Please attach additional papers if necessary)