

**FACULTY OF ALLIED HEALTH SCIENCES
UNIVERSITY OF PERADENIYA
APPLICATION FOR RESULTS SHEET**

1) Name in Full:(Miss/Mr.)

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2) Registration No:.....

3) Address of the Applicant:.....

4) Contact No.

5) National Identity Card No :.....

5) E-mail address:

6) Year & Date of Admission to the University:

7) Particulars of Examination Passed :

Degree Programme	Batch	Date of Completion	Results
.....			
.....			
.....			

8) Address or email address to which the results sheet should be sent:.....

.....

Date:

Signature of Applicant.....

NOTES

1) FEES: (i) **RESULTS SHEET - Rs. 3,000/- Within 5 working days**
(Inclusive of postage) per copy and Rs. 500/- for every additional copy, if sent to the same address.

2) Each application must be accompanied by a bank deposit slip as proof of payment of the relevant fee to one of the following bank accounts or to the Shroff Counter of the University..

Peoples Bank C/A No - 057100121338023
BOC C/A No - 0001273343

**Faculty of Allied Health Sciences
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