

Faculty of Allied Health Sciences, University of Peradeniya  
Laboratory Clearance Form

- 1. Name of the Student : .....
- 2. Registration No. : .....
- 3. Permanent Address : .....
- 4. Contact Number : .....
- 5. E-mail : .....

6. (a) Report of the Technical Officer (Laboratories/Dept. of Medical Laboratory Science)  
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Signature of Technical Officer                      Head/Dept. of Nursing

(b) Report of the Technical Officer (Skill Lab/Dept. of Nursing)  
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Signature of Technical Officer                      Head/Dept. of Medical Laboratory Science

(c) Report of the Technical Officer (Skills Lab/Dept. of Pharmacy)  
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Signature of Technical Officer                      Head/Dept. of Pharmacy

(d) Report of the Technical Officer (Skill Lab/Fitness center/Service Unit/Dept. of Physiotherapy)  
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Signature of Technical Officer                      Head/Dept. of Physiotherapy

(e) Report of the Technical Officer (Skill Lab/X-Ray Unit/Dept. of Radiography)  
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Signature of Technical Officer                      Head/Dept. of Radiography

7. Arrears amount to be paid
- Dept. of Medical Laboratory Science : .....
  - Dept. of Nursing : .....
  - Dept. of Pharmacy : .....
  - Dept. of Physiotherapy : .....
  - Dept. of Radiography/Radiotherapy : .....
  - Library/Faculty of Allied Health Sciences : .....