

**FACULTY OF ALLIED HEALTH SCIENCES
UNIVERSITY OF PERADENIYA
APPLICATION FOR ACADEMIC TRANSCRIPT**

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

2) Registration No:

3) Address of the Applicant:

4) Contact 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 |
|------------------|-------|--------------------|---------|
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8) Address where the transcript should be sent:

9) Number of copies needed:

Date:

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Signature of Applicant

NOTES

1) **FEES:** (i) **Local Transcripts** - **Rs. 250/- Within 4 days**
Rs. 750/- Within 2 days
(Inclusive of postage) per copy and Rs. 20/- for every additional copy, if sent to the same address.

(ii) **Foreign Transcripts** - **Rs. 750/- Within 4 days**
- **Rs. 1500/- within 2 days**
(Inclusive of postage) per copy and Rs. 20/- for every additional copy, if sent to the same address.

2) Each application must be accompanied by Postal Order or Money Order in favour of the Registrar, University of Peradeniya or a University receipt for the prescribed fees.

3) Transcripts are sent only to the Universities, Ministries, Embassies or any other recognized Institutes. Transcripts are not issued direct to the applicants as they are of confidential nature.