



Office Use only - Renewal Completed

Asst. Registrar of the Faculty

UNIVERSITY OF VAVUNIYA
RENEWAL OF REGISTRATION

Academic Year :- ..... Reg. No:- .....
Faculty :- .....
Course :- ..... Year: (Second/Third/Fourth)
Specialization :- .....

1. (a) Name with initials: .....

(b) State whether Mr./Mrs./Miss./ : .....

2. National Identity Card (N.I.C) No.: .....

3. (a) Permanent residential address: .....

(b) Present address : .....

4. Telephone (Mobile) No : .....

5. E-mail address: .....

6. Renewal of Registration fee Rs. 150.00 and Medical fee 250.00 should be paid

(i) Receipt No : ..... (ii) Date of Payment : .....

(a) I under take to inform the Asst. Registrar of the Faculty in writing of any change of address and in the event of obtaining employment.

(b) I declare that the information furnished herein are true and correct to the best of my knowledge.

Date : .....

Signature of Student

NB: This form along with payment slip/receipt and record book should be submitted to the Asst. Registrar of the Faculty.