



**APPLICATION FOR OBTAINING A
ACADEMIC TRANSCRIPT / TEMPORARY RESULT SHEET
FACULTY OF ALLIED HEALTH SCIENCE
UNIVERSITY OF RUHUNA**

Amount Paid: Rs.

Date of Payment:

Cash Receipt No. :

(Please attach the Cash Receipt)

01. Applicant's Full Name

a. In English:

b. In Sinhala or:

Tamil

02. Registration No. : AHS/...../.....

Sex: Male Female

03. Date of Birth : NIC No:

(dd/mm/yyyy)

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04. Permanent address / address to which the Certificate to be sent:

(If applicable , postage should be paid together with the charges for certificate / certificates)

05. Contact Nos : Home: Mobile (s):

06. Type of Certificate requested :

(See page 3 for details)

07. Details of the Examinations :

a. Semester Year e. Semester Year

b. Semester Year f. Semester Year

c. Semester Year g. Semester Year

d. Semester Year h. Semester Year

I do declare that the details stated above are accurate to the best of my knowledge.

Date :

Signature of the Applicant:

N.B. – You should get this form completed from the relevant department / sections and submit on or before the last date of the study period.

CLEARANCE FORM

(To be submitted the application to obtain a Academic Transcript / Temporary Certificate after completing studies at the Faculty of Allied Health Sciences, University of Ruhuna.)

**Assistant Registrar
Faculty of Allied Health Sciences**

Mr./Ms. (Registration No) is not to make any
(Name with Initials)
due to the Library.

For the Library books not returned: Rs.

Date : **Senior Assistant Librarian
Faculty of Allied Health Sciences**

**Assistant Registrar
Faculty of Allied Health Sciences**

Mr./Ms. (Registration No) should not pay any
(Name with Initials)
due / should pay the following dues to hostels.

For Hostel fees: Rs.

For charges of any damage : Rs.

Date : **Sub Warden (Male/Female Hostels)
Faculty of Allied Health Sciences**

**Assistant Registrar
Faculty of Allied Health Sciences**

Mr./Ms. (Registration No) should not pay any
(Name with Initials)
due / should pay the following dues to Physical Education Unit.

Sports items not handed over :

Any other charges: Rs.
(specify)

Date : **Physical Education Instructor
Faculty of Allied Health Sciences**

**Assistant Registrar
Faculty of Allied Health Sciences**

Mr./Ms. (Registration No) should not pay any
(Name with Initials)
due / should pay the following dues to Department of Medical Laboratory Sciences/Nursing/Pharmacy.

Please specify:

Date : **Head/Dept. of MLS/Nursing/Pharmacy
Faculty of Allied Health Sciences**

**CONDITIONS AND FEES APPLICABLE FOR OBTAINING CERTIFICATES FROM
FACULTY OF ALLIED HEALTH SCIENCES, UNIVERSITY OF RUHUNA.**

Amount to be paid for the Certificates

- **Academic Transcript :** **: Rs. 250.00**

Confidential Academic Transcript is issued only to an institution locally or internationally recognized. The applicant must mention the reason for the request and address of the institution that the certificate to be sent. Further he/she must pay the postage when submitting the application.

- **Certificate for Pending Final Results of the Degree Programme** **: Rs. 50.00**

This certificate will be issued only for those who have passed the examination conducted for the degree except final degree examination.

- **Certificate for successfully completion of the Degree Programme (Temporary):** **Rs. 100.00**

This certificate is not issued for those who have not completed all the examination conducted for the Degree Programme.

- **Certificate for Proficiency in English (completion of Level I and Level II)** **: Rs.100.00**

This certificate is issued only for those who have successfully complete the final examination

- **For attestation of a copy of a Certificate** **: Rs. 50.00**

Conditions

- (1) Any certificate will only be sent to given address by registered post only if the applicable postage for registration is paid along with the fee for the certificates when submitting the application.
- (2) The receipt for the total payment issued by the Shroff, Faculty of Allied Health Sciences or People's Bank deposit slip (A/C No: 343-1-001-7-0011983, Karapitiya Branch) for the total payment should be attached to the application before handing over.
- (3) Duly completed application should be handed over to the Assistant Registrar/Senior Assistant Registrar, Faculty of Allied Health Sciences, University of Ruhuna, Godakanda Road, Karapitiya.
- (4) Please note that the certificates are issued only after minimum period of at least four weeks upon the receipt of the applications and availabilities of approved results at the Examination Branch. However, it would vary time to time depending on the number of certificates to be issued.
- (5) Any of above certificate is not issued during the examinations periods.