

**FACULTY OF DENTAL SCIENCES - UNIVERSITY OF PERADENIYA**  
**APPLICATION FOR CERTIFICATES AND TRANSCRIPTS**

1. Type of Certificate : .....
  2. Surname with initials : Title
  - .....
  3. Names denoted by initials :  
.....  
.....
  4. Postal Address :  
.....  
.....
  5. Registration No :
  6. Year of Entry : .....
  7. Year of Graduation : .....
  8. The Address to which the **transcript** should be sent (in Block Capitals):  
.....  
.....  
.....  
.....
- \*for foreign transcript please indicate the country of delivery
9. Number of copies :

.....  
Signature of Applicant

.....  
Date

**Fees:**

Transcript (local)	Within 02 working days	Rs.	750.00
	Within 05 working days	Rs.	250.00
Transcript (International)	Within 02 working days	Rs.	1500.00
	Within 04 working days	Rs.	750.00
Provisional certificate	Within 02 working days	Rs.	300.00
	Within 05 working days	Rs.	100.00
Letters regarding Medals and prizes		Rs.	100.00
Verification of Clinical Rotations		Rs.	100.00

The prescribed fees could be paid to the following accounts:

Peoples Bank - Peradeniya Account C/A No. : PSBKLKLX 7135 057 1 001 2 1338023

Bank of Ceylon- Peradeniya Account C/A No. : BCEYLKLX 7010 588 000 1273343

Duly completed application form along with the bank deposit slip should be handed over or posted (by registered post) to the **Assistant Registrar, Faculty of Dental Sciences, University of Peradeniya, Peradeniya, Sri Lanka.**

**ASSISTANT REGISTRAR**

Faculty of Dental Sciences

University of Peradeniya.