



**STUDENT REGISTRATION DATA SHEET**  
**FACULTY OF DENTAL SCIENCES**  
**UNIVERSITY OF PERADENIYA**

Intake: (Batch Number)	2019/2020	(Photograph)
Registration Number:	D/19/.....	
<b>PERSONAL DETAILS</b>		
Name with initials : (in block letters) <i>*(Tamil students should underline the student name to be used in further communication)</i>		
Name in full:		
National Identity Card No:		
Date of Birth:	D:            M:            Y:	
Gender:	Male/Female	
Nationality:		
Race:		
Religion:		
<b>EDUCATIONAL DETAILS</b>		
District that you sat for the Advance Level:		

<b>CONTACT DETAILS</b>	
Telephone Numbers:	Mobile No. :
	WhatsApp Number (if any):
	Viber Number (if any):
	Residence:
<b>Email:</b>	
Address:	Permanent Residence:
	District :
	Temporary Residence:
<b>DETAILS OF PARENTS/GARDIANS</b>	
<b>Name of Father:</b>	
Occupation:	
Contact Number:	Mobile:
	Residence:
Email (if any)	
<b>Name of Mother:</b>	
Occupation:	
Contact Number:	Mobile:
	Residence:
Email (if any)	
<b>Name of Guardian:</b>	
Occupation:	

Contact Number:	Mobile:
	Residence:
Email (if any)	
<b>DETAILS OF SIBILINGS IN THE UNIVERSITY OF PERADENIYA (if any)</b>	
Name	
Faculty	
Contact Number:	