Office use only :

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| Student Number  |   |  |  |   |  |  |  |  |  |  |  |  |  |

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| Reg. Date :  |  |  |  |  |  |  |  |  |
| Expiry Date : |  |  |  |  |  |  |  |  |

**APPLICATION FORM FOR THE POSTGRADUATE STUDENT IDENTITY CARD**

**UNIVERSITY OF RUHUNA**

1. Name with initials (in block letters) :

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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 (Leave one blank cage between initials & different parts of the surname)

2. Full name in block letters:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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 (Leave one blank cage between names)

3. National Identity Card No:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

4. Permanent address in block letters:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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 (Leave one blank cage between different segments of address)

The information given on this application is true and correct according to the best of my knowledge

………….............. ………………………………

 Date Signature of Applicant

Particulars given about Rev./ Prof./ Dr./ Mr./ Miss/ Mrs./ ………………………………………......

……………………….. are true and accurate and he/she is a registered student for a postgraduate course …………………………………………………………in the Faculty of Graduate Studies , University of Ruhuna.

Identity card fee was transferred to university account : Yes / No

…………………………………………....

Head/ Director/ Coordinator of the Course

Steps are taken to issue a ID for above student

………………………………

Dean/ Assistant Registrar

Faculty of Graduate Studies