

UNIVERSITY OF JAFFNA, SRI LANKA
RENEWAL OF REGISTRATION (ACADEMIC YEAR 2021/2022)
FACULTY OF MEDICINE

REGISTRATION NO:.....	FOLLOWING BATCH:.....
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1. Name in Full (Mr./Mrs./Miss):.....
.....

2. Permanent Address:
.....

Present Address:.....

3. <u>Fees paid</u>	<u>Amount</u>	<u>Receipt No</u>	<u>Date of Payment</u>
Registration Fee	Rs. 150/-

4. To which course of study re-admission is being sought: 2nd/3rd Final Year course in Medicine.

Subjects:
.....
.....
.....

5. Results: 2nd MBBS :
3rd MBBS :

I declare that the information here are true and correct to the best of my knowledge.

Delete whichever is inapplicable

Date:

Signature of Applicant