**INSTITUTE OF INDIGENOUS MEDICINE UNIVERSITY OF COLOMBO SRILANKA**

**GENERAL CONVOCATION 20......**

**SUPPLICATION FORM**

**01. Full Name (Attach a copy the birth certificate)**

**(a) In Sinhala: ................................................................................................................................**

**(b) In Tamil (Muslim Students):....................................................................................................**

**(c) In English: ………………………………………………….…………………………………………..**

**02. Name with Initial**

**(a) In Sinhala:....................................................................................................................................**

**(b) In English (In Capital):................................................................................................................**

**03. Address & T.P.No to which Communications Regarding the Convocation should be Sent**

**Address:..............................................................................................................................................**

**T.P. No : Home:..................................................................................................................................**

**Mobile:………………………….…………………………………………………………………**

**04. Year of Entry & Registration No (According to the Students Identity Card)……...............................**

**05 (a) Name of Degree to be Conferred: ............................................................................................**

**(b) Field of Study (Ayurveda / Unani):..........................................................................................**

**06. Whether the Degree is to be Awarded in Person or in Absentia:....................................................**

**If you are attending the convocation , do you need guest tickets? Yes / No**

**(The Institute may be able to give you only a maximum of two tickets)**

**Number of tickets needed (One / Two)**

**07. The above facts are true and accurate**

**Date ........................................... .............. ...................................................................**

**Signature of applicant**