

Application for Student details confirmation letter
Faculty of Allied Health Sciences, University of Sri Jayewardenepura

1. Name with Initials: **Mr/ Ms** :.....
2. Current academic year: **First Year** ./.. **Second Year** ./.. **Third year** ./.. **Fourth Year**
3. Degree programme: **B.Sc. (Honours) in Nursing / Bachelor of Pharmacy (Honours) / B.Sc. (Honours) in MLS/ B.Sc. (Honours) in Optometry**
4. University Intake:
5. Index No :..... 6. University Registration No: **HS**.....
6. Telephone No:.....
7. Description/ Reason:.....
.....

.....
Signature of student Date:

For office use

Above request issued by Date:
