APPLICATION FOR PROFESSOR KANTHIA KUNARATNAM GOLD MEDAL

1.	Ful	ll Name:		
2.	Re	gistration No:		
3.		Academic (a) Degree Obtained: (b) Class:		
4.		idents Activities		
	a.	President/Secretary of University Students Union or Faculty Students Union:		
	b.	Treasurer/Editor of University Students Union or Faculty Students Union:		
	c.	Executive Committee member of University Students Union or Faculty Students Union:		
	d.	President/Secretary of University Student Societies:		
	e.	Treasurer/Editor of University Student societies:		
	f.	Member of a Faculty Board:		
5.	Cultural Activities			
	a.	Participation in Cultural Programmes (Music, Dance, Drama), and/or Literary Progarmmes (Debates,		
		Orations, Poetry, Short story writing) at university level:		
	b.	Participation in Cultural Programmes (Music, Dance, Drama,),and/or Literary Programmes (Debates,		
		Orations, Poetry, Short story writing) at national level:		
6.	Sports activities			
	a.	Full colour award:		
	b.	Half colour award:		
	c.	Captainship:		
	d.	Vice captainship:		
	e.	University Level Representation:		
	f.	Creating new records at University Level:		
	g.	Inter university Championship (individual event):		
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	h.	h. Interuniversity Championship (team events):			
	i.	i. National Level participation:			
	j.	j. Provincial Level Participation:			
	k.	k. District Level Participation:			
	1.	1. All round sportsman/ sportswoman of the University:			
	m.	m. University Combined team Representative:			
7.	Dissemination of Scientific Knowledge				
	a.	a. Writing articles (minimum 1000 words) in national newspapers,	magazines etc:		
	b.	b. Papers/Abstracts presented at conferences etc:			
8.	Social Activities				
	a.	a. President/Secretary of any well Known social organisation:			
	b.	b. Treasurer /Editor of any well Known social organisation:			
	c.	Participation in social activities initiated by recognised organisations:			
 I c	ertif	ertify that the above facts are true and correct			
Da	te:.	e:			
			Signature of the Applicant.		
I c	ertif	ertify that Mr/Miss			
Da	te : .	re:	Director, Physical Education.		
Ic	ertif	ertify that Mr/Miss			
Da	te : .		President Ag.SU/ASU/MSU/SSU/MS&CSU.		
I c	ertif	ertify that Mr/Miss			
Da	te : .	re:	President University Students Union.		

Note: Copies of the Testimonials should be attached along with applications