

University of Jaffna, Sri Lanka Application for the Academic Transcript

1. Full Name of the Applicant	:				
2. Full Name of the Student	:				
3. Registration Number of the Student	:				
4. Contact Phone Number					
5. Postal Address	:				
(if you want to get it by post)			•••••	• • • • • • • • • • • • • • • • • • • •	
6. Purpose of the Transcript	:				
7. Followed the Programme	:				
8. Field of Specialization (if any)	:				
9. Overall Result	: First C	Class/ Seco	ond Upper/	Second Lower	/ Pass
10.Course Duration:			12.Overall	G.P.A.:	
11.Effective Date of the Degree:			13.Medium	of Instruction:	
Vear & Semester of the Evams	Year of	Results	(Grades on	(v)	
First Year First Semester	he Exam		(======================================		
First Year Second Semester					
Second Year First Semester					
Second Year Second Semester					
Third Year First Semester					
Third Year Second Semester					
Fourth Year First Semester					
Fourth Year Second Semester					
Payment Details					
Payment Mode: Ba	nk/ Shrof	f	Date of the	ne Payment:	
> Bank payment should be paid in the					
> Please attach original receipt of pay		_		•	n Number
For the second of the second o	ive to pay	extra posi		nent Details	Account Details
Transcript by Hand			Rs.	500/-	480000030000326
Transcript including postal charge for Local			Rs.	650/-	48000003000094
Transcript including postal charge for abroad			Rs.	1600/-	480000030000334
Note:					
The Transcript can be colleThe Transcript should be c					
I declare	that, the	above info	rmation ar	e correct and tr	ие
Signature of the Applicant				Date	
For office use only	the above 7	Transcript			
Prepared Date:				-	

Signature

Name

Date