

40TH GENERAL CONVOCATION -2026
APPLICATION FOR PROFESSOR KANTHIA KUNARATNAM GOLD MEDAL

1. Full Name:
.....
2. Registration No:.....
3. Academic (a) Degree Obtained: (b)
Class/Class:.....
4. **Students 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 Programmes (Debates, Orations, Poetry, Short story writing) at university level:
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.....
 - b. Participation in Cultural Programmes (Music, Dance, Drama,), and/or Literary Programmes (Debates, Orations, Poetry, Short story writing) at national level:
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6. **Sports activities**
 - a. Full colour award:
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 - b. Half colour
award:.....
 - c. Captainship:
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 - d. Vice captainship:
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 - e. University Level Representation:
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 - f. Creating new records at University Level:
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 - g. Inter university Championship (individual event):
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 - h. Interuniversity Championship (team events):
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 - i. National Level participation:
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- j. Provincial Level Participation:
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- k. District Level Participation:
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- l. All round sportsman/ sportswoman of the University:
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- m. University Combined team Representative:
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7. Dissemination of Scientific Knowledge

- a. Writing articles (minimum 1000 words) in national newspapers, magazines etc:
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- b. Papers/Abstracts presented at conferences etc:
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8. Social Activities

- a. President/Secretary of any well Known social organisation :
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- b. Treasurer /Editor of any well Known social organisation :
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- c. Participation in social activities initiated by recognised organisations:
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I certify that the above facts are true and correct

Date :
.....
Signature of the Applicant.

I certify that Mr/Miss.....
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Date :
.....
Director, Physical Education.

I certify that Mr/Miss
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Date :
.....
President
Ag.SU/ASU/MSU/SSU/MS&CSU.

I certify that Mr/Miss.....
.....

Date :
.....
President
University Students Union.

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