



APPLICATION FOR PROFESSOR KANTHIA KUNARATNAM GOLD MEDAL-2021

1. Full Name:
2. Registration No:.....
3. Academic (a) Degree Obtained: (b) 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:
.....
.....
.....
 - 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):
.....
- h. Interuniversity Championship (team events):
- i. National Level participation:
- j. Provincial Level Participation:
- k. District Level Participation:
- l. All round sportsman/ sportswoman of the University:
- m. University Combined team Representative:

7. Dissemination of Scientific Knowledge

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

8. Social Activities

- a. President/Secretary of any well Known social organisation :
- b. Treasurer /Editor of any well Known social organisation :
- c. Participation in social activities initiated by recognised organisations:

I certify that the above facts are true and correct

Date :

.....
Signature of the Applicant.

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

Date :

.....
Director, Physical Education.

I certify that Mr/Miss
.....

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