



**I certify that the information provided above is true and correct to the best of my knowledge.**

Date:.....

Signature of the Applicant:.....

Closing Date for Receiving the Completed Form: **31.05.2019**

Please return the duly completed form addressed to the **Senior Assistant Registrar, Examination Division, Uva Wellassa University, Passara Road, Badulla.** on or before the deadline given above.