



**RAJARATA UNIVERSITY ALUMNI ASSOCIATION
COLOMBO BRANCH
Application form for Membership**

1. Name (Rev./Prof./Dr./Mr./Mrs./Miss/Ms.):

2. Private Address:

Phone: Fax: Email:

3. NIC No.

4. Profession/Designation:

Official Address:

Phone: Fax: Email:

5. Fees to be paid:

Type of membership	Fee	Method of payment	insert(√)
Associate member (per year)	Rs.200/=	Cheque*	
Full Life	*****	Bank draft/deposit*	
		Cash	

(Bank deposit / Bank draft / Cheque payable to the Rajarata University Alumni Association-Colombo Branch (AC/ 77015770, BOC, Personal Branch)

6. Details of academic qualifications obtained at the Rajarata University of Srilanka

- Academic year.....
- Faculty.....
- Degree/s.....
- Year/s of obtaining degree/s.....

7. Any other information

I certify that the above particulars are true and correct.

Date:

.....
Applicant Signature

(Please hand over the completed application, to the Secretary, Rajarata University Alumni Association - Colombo Branch with the payment of membership fee (Rs 200/=)

For office use: Application channeled through:

Date verified on:	Receipt no:	Accepted on	Membership no:

