



**THE UNIVERSITY OF VAVUNIYA, SRI LANKA**

***Application for duplicate result sheet***

**Part - I to be filled by the student**

- 1. Name with initials :.....
- 2. Registration No :.....
- 3. Year of Examination :First / Second / Third / Fourth held in .....
- 4. Semester :First Semester / Second Semester
- 5. Payment details
  - a. Paid amount :.....
  - b. Date of payment :.....
  - c. Receipt No. :.....

.....  
*Signature*

.....  
*Date*

**Part - II For office use**

.....  
Please issue duplicates Result Sheet

.....  
*Senior Asst. Registrar*  
*Examination Branch*

**Part - III Acknowledgement**

I acknowledge that I have received the following duplicate Result Sheet:

First year First Semester	
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	

.....  
*Signature*

.....  
*Date*