University of Vavuniya

Examination Branch

No claim Certificate for Cancellation of Student Registration

Name with initials: _____

Name denoted by initials: _____

Faculty: _____

Registration No: _____ Index No: _____ NIC No: _____

Contact No Residence: _____ Mobile: _____

Reason for cancellation of registration: _____

_____

_____

Date: _____

_____
Signature of the Student

Head of the Departments

I certify that the above student has claim/no claim

_____
Heads of the Department

Office of the Dean

It is recommended/not recommended to issue interim certificate requested by Mr/Ms _____

_____

_____
Date: _____ Dean of the Faculty

Library

I. She/He has to pay any amount Yes/No

II. She/He to returned any books Yes/No

I certify that the above student has claim/no claim and She/He has to pay Rs. _____

_____/to return books _____

Date: _____

_____
Librarian

Sub-Warden – Full Time

I. She/He has paid all hostels fees Yes/No

II. She/He has to pay for hostels articles or house hold items Yes/No

I certify that the above student has claim/no claim and she/he has to pay Rs _____ _____/to return _____

Date: _____

_____
Sub-Warden

Student & Welfare Division

I certify that the above student has claim/no claim.

Date: _____

_____
Deputy Registrar

Vice Chancellor

Approved/ Not approved

Date: _____

_____
Vice Chancellor

Examination Branch

I certify that the above student has claim/No claim

His/Her Academic history sheet was checked and found correct/ not correct

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Name of the subject clerk _____ Signature _____

Approved/ Not Approved

_____
Senior Ass. Registrar