



EASTERN UNIVERSITY, SRI LANKA

STUDENT RE-REGISTRATION FORM

Section A- Personal Information

Faculty

:

01. Name with Initial:

02. Full Name:

03. Date of Birth:

04. Age:

05. Permanent Address:

06. Address During study

**07. Whether Citizen
Of Sri Lanka:**

Yes / No

08. Religion:

**09. Name & Address of
Person who should be
Informed in case of
Emergency & Tel.No:**

10. Civil Status

: Married/Single

11. Telephone No

: Mobile

Land:

12. National Identity Card No:

Section B - Academic Information

13. Registration Number: Index No:
14. Year of Study:
15. Course:
16. Subjects: 1. 2.
3. 4.
17. Re-Registration fees paid :
18. *Please attach paid slip (Re-Registration fee Rs.500/=)

Section C - Declaration by Student

01. I certify that the above information is accurate.
02. I understand that in the event of information being found to be false, my re- registration may be cancelled.
03. I hereby agree to abide by all rules & regulations applicable to students of the University
04. I also agree that in the event of in- discipline on my part, the University may if necessary cancel my registration.

Date :

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Signature of Student

Section D- For office use

- Year of Study: Registration No:
- Index No:
- Faculty: Course :
- Subject to followed: