



UNIVERSITY GRANTS COMMISSION
20, Ward Place, Colombo 7, Sri Lanka
 0112695301/2, 0112692357, 0112675854

REQUEST FOR RECOGNITION OF HIGHER EDUCATIONAL QUALIFICATIONS

FORM SHOULD BE FILLED ONLY IN **ENGLISH**

Name:

Address:

University:

Official Stamp

Issued (Official Stamp)

Signature:.....

The request with regard to the above matter has been received.
 Please produce this when collecting the certificate.
 (Please refer: <http://www.ugc.ac.lk>)

01. Details of Degree Holder

(i) Name with initials:

(ii) Full Name (Block Capital):

(iii) Permanent Address :

(iv) Contact Nos. : (v) NIC/Passport No :

02. Details of the Degree/Higher Educational Qualification

(i) Name of the University/Institute :

(ii) Name of the Degree/Qualification :

(iii) Duration of the Degree/Qualification :

03. Please indicate the purpose of requesting this certificate:

Enclosed (√ the relevant boxes) Certified copy of the degree certificate Receipt of the payment

Date : Signature of the Applicant:

Issued (Official Stamp)

Date

Signature:.....