

**Local Qualifications**  
**Rs. 2,000/=**



**UNIVERSITY GRANTS COMMISSION**  
**20, Ward Place, Colombo 7, Sri Lanka**  
0112695301/2, 0112692357, 0112675854 Ext: 427/551

**REQUEST FOR A LETTER OF RECOGNITION**  
**QUALIFICATIONS OBTAINED BY LOCAL HIGHER EDUCATIONAL INSTITUTIONS**

FORM SHOULD BE FILLED ONLY IN **ENGLISH [BLOCK LETTERS]**

Name: .....

Address: .....

University/Institute: .....

*Received (Official Stamp)*

**This is to acknowledge the receipt of your request on the above matter.**

**Please produce this document in order to collect the Letter of Recognition.**

*Issued (Official Stamp)*

**01. Details of Degree Holder**

(i) Full Name (**Block Letters**): .....

(ii) Permanent Address (**Block Letters**): .....

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

**02. Details of the 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:** .....

**04. Payment Method (✓ the relevant boxes)**

Finance Department/UGC     Peoples Bank     BOC     Other

Date: .....

Signature of the Applicant: .....

*Application Received (Official Stamp)*

*Letter Issued (Official Stamp)*

*Letter Received*

Signature: .....

Date: .....