	Name of Candidate	:
	NIC No. of Candidate):
	Address	:
	Date	:
Registrar,		
University of		
Dear Sir/Madam,		
Transcript of Ac	rademic Records –	2020 (Colombo Intake)
	Postgraduate Institute	of Agriculture, University of Peradeniya to
Postgraduate Institute of Agricul	ture, P.O. Box 55, Old	academic record to the Deputy Registrar I Galaha Road, Peradeniya, Sri Lanka to tter when my transcript is forwarded to the
My particulars are as follows,		
1. Name in full	:	
2. Name of Degree	:	
3. Date of Admission	·	
4. Date of Final Examination	:	
A receipt in support of payment for	this transcript is enclos	ed.
		Yours faithfully,

(Signature of Applicant)

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