

HEALTH-CARE SCIENCES LIBRARY
FACULTY OF HEALTH-CARE SCIENCES
EASTERN UNIVERSITY, SRI LANKA

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*(Background should
be blue)*

Student Registration Form

1. Salutation : Mr./Miss.

2. Name with Initials:

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3. Name denoted by Initials :

4. Sex : Male / Female

5. Permanent Address

6. Email Address:

7. Telephone Numbers

Fixed Line No. _____ Mobile No.: _____

8. N.I.C No. : _____ Date of Birth: (Y)_____(M)_____(D)

9. University Registration No : **EU/IS/** _____ Date of Registration: _____

10. Index No : _____ Batch: _____

11. Programme: MBBS/B.Sc Nursing

(Please attach a photocopy of University student Identity Card/NIC)

I certify that the above Information furnished by me are true and accurate. I hereby agree to abide by all rules and regulations applicable to the Readers of the Health-Care Sciences Library.

Date : _____

.....
Signature of Applicant

For Official use only

Library Registration No. : _____

Registration Date : _____

Date/Year of Expiry : _____

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Head/Library
Faculty of Health-Care Sciences