DEPARTMENT OF PHYSICAL EDUCATION - UNIVERSITY OF PERADENIYA

stamp

MEMBERSHIP REQUEST FORM TO USE UNIVERSITY GROUND

FOR - OUTSIDE MEMBERS

1. NAME .....
2. ADDRESS .....
3. TELEPHONE NO. ..... E mail .....
4. NATIONAL ID NO. .....
5. DATE OF BIRTH : Year ..... Month ..... Date ..... Age .....
6. OCCUPATION .....

I agree with the Rules & Regulations laid down by the University of Peradeniya

.....

Signature of the Applicant

Must be recommended by a permanent staff member of the university

Name : ..... Faculty/ Division : .....

.....

Signature

Office use only

Membership No

Amount Paid | Date | Cheque No | Receipt No

APPROVAL OF THE DIRECTOR OF PHYSICAL EDUCATION

Please submit two stamp size photographs along with the application.