

## INSTITUTE OF BIOCHEMISTRY, MOLECULAR BIOLOGY & BIOTECHNOLOGY, UNIVERSITY OF COLOMBO

## **Registration Form for MSc in Bioinformatics**

Email Address  Student Registration No. / Index No.  I request to register for the following Course Units.  No. Course Code Name of the Course Unit  01 02 03 04 05 06  I hereby certify the payment receipt of Registration Fee and Course Fee of					
Address :	Name w	rith initial (Dr./Mr./	Mrs./Miss)	:	
Address :	Intoka				
Contact Number ::::::::::::::::::::::::::::::::::::					
Email Address :				:	
Student Registration No. / Index No.  I request to register for the following Course Units.  No. Course Code Name of the Course Unit  01 02 03 04 05 06  I hereby certify the payment receipt of Registration Fee and Course Fee of is attached herewith and all information provided by me are true and accurate.  Date: Signature:  FOR OFFICIAL PURPOSE  Recommended by: Coordinator/ Co - Coordinator, BI Date: Date	Contact Number			:	
I request to register for the following Course Units.    No.   Course Code   Name of the Course Unit	Email Address			:	
No.   Course Code   Name of the Course Unit	Student Registration No. / Index No.			:	
01 02 03 04 05 06  I hereby certify the payment receipt of Registration Fee and Course Fee of	I request to register for the following Course Units.				
02 03 04 05 06  I hereby certify the payment receipt of Registration Fee and Course Fee of	No.	<b>Course Code</b>		Name of the Course Unit	
03 04 05 06  I hereby certify the payment receipt of Registration Fee and Course Fee of	01				
04 05 06  I hereby certify the payment receipt of Registration Fee and Course Fee of	02				
05 06  I hereby certify the payment receipt of Registration Fee and Course Fee of	03				
I hereby certify the payment receipt of Registration Fee and Course Fee of	04				
I hereby certify the payment receipt of Registration Fee and Course Fee of	05				
is attached herewith and all information provided by me are true and accurate.  Date: Signature: FOR OFFICIAL PURPOSE  Recommended by: Coordinator/ Co - Coordinator, BI  Date: Date: Date:	06				
FOR OFFICIAL PURPOSE  Recommended by:	, , , , , , , , , , , , , , , , , , , ,				
Recommended by:	Date:			Signature:	
Coordinator/ Co - Coordinator, BI Date:	FOR OFFICIAL PURPOSE				
A 11	•			Date:	
Approved by:  Director/IBMBB Date:					

Remarks