



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

Registration Form for MSc in Bioinformatics

Name with initial (Dr./Mr./Mrs./Miss) :

.....

Intake :

Address :

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:

Approved by:

Director/IBMBB

Date:

Remarks