



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

**Registration Form for MSc in Cellular and Molecular Immunology**

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		
07		

**Note:** Indicate the courses you are registering for, especially the optional module of preference. Be informed that if a minimum number is not satisfied for the optional course you prefer, you are compelled to follow the optional course preferred by the majority in the batch.

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/ Assistant Coordinator, CMI

Date: .....

Approved by: .....

Director/IBMBB

Date: .....

Remarks