



SWAMI VIPULANANDA INSTITUTE OF AESTHETIC STUDIES,
EASTERN UNIVERSITY, SRI LANKA
ANNUAL REGISTRATION FORM

ACADEMIC YEAR: **2014/2015**

COURSE OF STUDY: MUSIC DRAMA & THEATRE

DANCE VISUAL & TECHNOLOGICAL ARTS

SECTION A - PERSONAL INFORMATION

1. Name in Full :.....
2. Registration No. :..... Index No.:.....
3. National Identity Card No.:.....
4. Date of Birth :..... Age :.....
5. Contact Telephone No. :.....
6. Permanent Address :.....
.....
.....
7. Address During Term :.....
.....
.....
8. Registration fee paid : Rs..... Receipt No. :.....
(Please attach Bank Slip/Paying - in Voucher)
9. Name & Address of Person who should be Informed in case of Emergency Tel. No.:
.....
.....
.....
.....

SECTION B**DECLARATION BY STUDENT**

- a) I certify that the above information is accurate and correct.
- b) I understand that if the given information is being found to be false, my registration may be cancelled.
- c) I hereby agree to abide all rules & regulations applicable to students of the University.
- d) I also agree that in the event of indiscipline on my part, the University may if necessary cancel my registration.

.....
Signature of Undergraduate

Date :

Note :

- Please indicate the Subject Code Number in the column (I)
- To be completed by the **Management Assistant** of the Department column (II)
- To be initialed by the Co-ordinators / H.O.D of the Department column (III)

FIRST SEMESTER					
S.No.	I Subject Code	II MA's Initials	III H.O.D's Initials	SAR/DR's Initials	Remarks
1.					
2.					
3.					
4.					
5.					
6.					
7.					
SECOND SEMESTER					
S.No.	I Subject Code	II MA's Initials	III H.O.D's Initials	SAR/DR's Initials	Remarks
1.					
2.					
3.					
4.					
5.					
6.					
7.					

SECTION C - (FOR OFFICE USE)

Academic Year : **2014/2015**

Course of Study : **Music/ Dance/ Drama & Theatre/ Visual & Technological Arts**

Registration No. :

SAR / DR

Examinations & Student Admissions,
 SVIAS, EUSL