

Office Use Only:

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FACULTY OF GRADUATE STUDIES UNIVERSITY OF JAFFNA

Assignment Details

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|-------------------------|--|
| Full Name | |
| Registration No | |
| Course | |
| Batch | |
| Unit No | |
| Subject | |
| Resource Person | |
| Assignment Title | |

| | | | |
|-----------------------|----------------|--------------------|--|
| Year | First / Second | | |
| Semester | First / Second | | |
| Submitted Date | | Received by | |

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|--|
| Final Marks: <input type="text"/> |
| Signature of the Resource Person: |