



UNIVERSITY OF COLOMBO REVIEW

C/O The Librarian, the Library, University of Colombo
Colombo 3, Sri Lanka

Tel: +94 112586432
Email: ucr@cmb.ac.lk

SUBSCRIPTION FORM

Individual Subscription

Subscriber's Name:.....
*Include first name, last name, and title (if applicable)

Email Address:.....

Tel:.....

Delivery Address:.....

Institutional Subscription

Subscriber's Name:.....
*Include first name, last name, and title (if applicable)

Designation:.....

Name of the Institution.....

Email Address.....

Tel:.....

Official Delivery Address:.....

Journal Subscription Information

Name of the Journal.....

Volume no.....

Issue No.....

Year.....

Number of copies

I/ we wish to subscribe the “**University of Colombo Review**” and hereby certify that the information given above is true and accurate.

Name.....
 Designation.....
 Signature

Official Frank.....

Note: Please submit the scanned copy of the duly filled and signed Subscription Form to ucr@cmb.ac.lk