

Paying to Beneficiary	Paying to Beneficiary	Paying to Beneficiary	Paying to Beneficiary
Life Insurance of Beneficiary - Beneficiary	Life Insurance of Beneficiary - Beneficiary	Life Insurance of Beneficiary - Beneficiary	Life Insurance of Beneficiary - Beneficiary
Beneficiary's Name: <u>John Doe</u> (SSN: <u>123-45-6789</u>) Address: <u>123 Main St, New York, NY 10001</u> Date of Birth: <u>01/01/1950</u> (DOB: <u>01/01/1950</u>) Beneficiary's Address: <u>123 Main St, New York, NY 10001</u> Beneficiary's City: <u>New York</u> (City: <u>New York</u>) Beneficiary's State: <u>NY</u> (State: <u>NY</u>) Beneficiary's Zip: <u>10001</u> (Zip: <u>10001</u>)	Beneficiary's Name: <u>John Doe</u> (SSN: <u>123-45-6789</u>) Address: <u>123 Main St, New York, NY 10001</u> Date of Birth: <u>01/01/1950</u> (DOB: <u>01/01/1950</u>) Beneficiary's Address: <u>123 Main St, New York, NY 10001</u> Beneficiary's City: <u>New York</u> (City: <u>New York</u>) Beneficiary's State: <u>NY</u> (State: <u>NY</u>) Beneficiary's Zip: <u>10001</u> (Zip: <u>10001</u>)	Beneficiary's Name: <u>John Doe</u> (SSN: <u>123-45-6789</u>) Address: <u>123 Main St, New York, NY 10001</u> Date of Birth: <u>01/01/1950</u> (DOB: <u>01/01/1950</u>) Beneficiary's Address: <u>123 Main St, New York, NY 10001</u> Beneficiary's City: <u>New York</u> (City: <u>New York</u>) Beneficiary's State: <u>NY</u> (State: <u>NY</u>) Beneficiary's Zip: <u>10001</u> (Zip: <u>10001</u>)	Beneficiary's Name: <u>John Doe</u> (SSN: <u>123-45-6789</u>) Address: <u>123 Main St, New York, NY 10001</u> Date of Birth: <u>01/01/1950</u> (DOB: <u>01/01/1950</u>) Beneficiary's Address: <u>123 Main St, New York, NY 10001</u> Beneficiary's City: <u>New York</u> (City: <u>New York</u>) Beneficiary's State: <u>NY</u> (State: <u>NY</u>) Beneficiary's Zip: <u>10001</u> (Zip: <u>10001</u>)
1. Beneficiary's Name: <u>John Doe</u> (SSN: <u>123-45-6789</u>) 2. Beneficiary's Address: <u>123 Main St, New York, NY 10001</u> 3. Beneficiary's City: <u>New York</u> (City: <u>New York</u>) 4. Beneficiary's State: <u>NY</u> (State: <u>NY</u>) 5. Beneficiary's Zip: <u>10001</u> (Zip: <u>10001</u>)	1. Beneficiary's Name: <u>John Doe</u> (SSN: <u>123-45-6789</u>) 2. Beneficiary's Address: <u>123 Main St, New York, NY 10001</u> 3. Beneficiary's City: <u>New York</u> (City: <u>New York</u>) 4. Beneficiary's State: <u>NY</u> (State: <u>NY</u>) 5. Beneficiary's Zip: <u>10001</u> (Zip: <u>10001</u>)	1. Beneficiary's Name: <u>John Doe</u> (SSN: <u>123-45-6789</u>) 2. Beneficiary's Address: <u>123 Main St, New York, NY 10001</u> 3. Beneficiary's City: <u>New York</u> (City: <u>New York</u>) 4. Beneficiary's State: <u>NY</u> (State: <u>NY</u>) 5. Beneficiary's Zip: <u>10001</u> (Zip: <u>10001</u>)	1. Beneficiary's Name: <u>John Doe</u> (SSN: <u>123-45-6789</u>) 2. Beneficiary's Address: <u>123 Main St, New York, NY 10001</u> 3. Beneficiary's City: <u>New York</u> (City: <u>New York</u>) 4. Beneficiary's State: <u>NY</u> (State: <u>NY</u>) 5. Beneficiary's Zip: <u>10001</u> (Zip: <u>10001</u>)

2. Fill the details in the Course Registration Form and Student Record Book.
3. Fill the Paying Voucher and do the relevant payments to the nearest bank. Payment details are also uploaded in the LMS.
 - Registration Fee for Semester - **Rs. 500.00 (without retake courses)**
 - Retake Course **- Rs. 100.00 (per course)**
4. Submit the filled Payment Voucher, Course Registration Form, and Student Record Book for the semester registration of the registration counter of the Dean' Office at the Faculty of Management for endorsement of Student Record Books Keep the student copy of the voucher with you for future references.
5. **Students should Log into the Management Information System (MIS)** and register for the courses you are following for the current semester (2025/2026 – II Semester) and for any course you are retaking. (<http://mis.mgt.pdn.ac.lk>)



Senior Assistant Registrar
Faculty of Management
University of Peradeniya

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22.09.2026