

SABARAGAMUWA UNIVERSITY OF SRI LANKA

B Sc. FOOD SCIENCE AND TECHNOLOGY / B Sc. ENVIRONMENTAL SCIENCES
AND NATURAL RESOURCE MANAGEMENT / B Sc. PHYSICAL SCIENCE &
TECHNOLOGY / B Sc. COMPUTING & INFORMATION SYSTEMS / B Sc. SPORT
SCIENCES & MANAGEMENT / B Sc. PHYSICAL EDUCATION

YEAR I SEMESTER I EXAMINATION

EXAMINATION APPLICATION FORM

1. Registration No : Index No
- Medium :
2. i. Name with Initials:
(In block letters)
- ii. Name denoted by Initials:
3. State whether Mr. / Ms.:
4. a. Permanent Address:
- b. i. Province:
- ii. District:
- iii. Race:
- iv. Religion:
5. Address during the period of Examination :
.....
.....
.....
6. Date of admission to the University:
7. Have you been registered for this year:
- Give date of payment of registration fees for the course:

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YEAR II SEMESTER II EXAMINATION

EXAMINATION APPLICATION FORM

1. Registration No : Index No.....
Medium :
2. i. Name with Initials:
(In block letters)
ii. Name denoted by Initials:
3. State whether Mr. / Ms.:
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YEAR III SEMESTER II EXAMINATION

EXAMINATION APPLICATION FORM

1. Registration No : Index No.....
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ii. Name denoted by Initials:
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YEAR IV SEMESTER II EXAMINATION

EXAMINATION APPLICATION FORM

1. Registration No : Index No.....
Medium :
2. i. Name with Initials:
(In block letters)
ii. Name denoted by Initials:
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3. State whether Mr. / Ms.:
4. a. Permanent Address:
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b. i. Province:
ii. District:
iii. Race:
iv. Religion:
8. Address during the period of Examination :
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6. Date of admission to the University:
7. Have you been registered for this year:
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08. Please state the subject/subjects that you expect to offer for the Examination.

	TITLE OF PAPER	CODE NO	SIGNATURE OF LECTURER INCHARGE CONFIRMING THAT THE CANDIDATE HAS FOLLOWED THE COURSE SATISFACTORILY AND IS ELIGIBLE TO SIT THE EXAMINATION.
i.
ii
iii.
iv.
v.
vi.
vii.
viii.
ix.
x.
xi.
xii.

09. Have you postponed sitting this examination earlier due to illness (supported by Medical Certificate) or any other reasons? If so give particulars.

10. Amount of fees paid. (for the first time need not pay examination fees).

Amount:

Date of payment & receipt No. :

11. Contact Number :.....

I certify that the above information is correct. I am aware that my application shall be rejected, if any of the information given above is incorrect.

Date:

.....

Signature of Candidate.

- Delete as appropriate