

NOTICE

CALLING EXAM APPLICATIONS FACULTY OF APPLIED SCIENCES DEPARTMENT OF NR/PST/FST

Year II Semester II (2018/2019) (Medical/Repeat) Examinations

Above Examinations Faculty of Applied Sciences will be held in **April/May 2024**. Students are advised to submit their duly filled application forms accordingly.

Application forms should be obtained from the **Relevant Department** and students should handover their duly filled application forms to the **Relevant Department**.

Applications will be issued from **02.04.2024** onwards, between **9.00 a.m. to 12.00 noon** and from **1.00 p.m. to 4.00 p.m.** and duly filled application forms should be handed over to the Relevant Department during the above time period, on or before **03.04.2024** **No application will be accepted thereafter under any circumstances.**

(N. B. - Students' Record Books should be produced when applications are handed over.)

Candidates who are not registered for the current academic year, should pay the Registration Fees of Rs 300.00 to the Academic and Students Affairs Division of the University.

Repeat students who are going to apply for the above exam should pay 25.00 rupees per one subject and 100.00 rupees should pay more than four subjects.

Senior Assistant Registrar/Examinations

02.04.2024

FOR OFFICE USE ONLY

Index No.:

**SABARAGAMUWA UNIVERSITY OF SRI LANKA
DEPARTMENT OF NR/PST/FST
FACULTY OF APPLIED SCIENCES**

**YEAR II SEMESTER II (2018/2019 Batch)
(MEDICAL/REPEAT) EXAMINATION
(April/May - 2024)**

EXAMINATION APPLICATION FORM

01. Registration No : Index No : Medium :
02. Full Name (In English Block Letters) :
.....
03. Please state the subject/subjects that you expect to offer for the Examination.

COURSE CODE	COURSE TITLE	SIGNATURE OF LECTURER INCHARGE CONFIRMING THAT THE CANDIDATE HAS FOLLOWED THE COURSE SATISFACTORILY AND IS ELIGIBLE TO SIT THE EXAMINATION.

04. State whether Mr. / Ms.:

05. Permanent Address:
.....
.....
.....

06. Address during the period of Examination :
.....
.....
.....

07. Contact Number :

08. Date of admission to the University :

09. Have you been registered for this year :

Give date of payment of registration fees for the course :

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

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

Amount:

Date of payment & receipt No. :

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