# NOTICE

# Year III Semester II (2018/2019 Batch) Proper & R/M **FACULTY OF APPLIED SCIENCES** CALLING EXAM APPLICATIONS Department of FST, SS & PE

Applied Sciences will be held in **Aug/Sep 2024.** Students are advised to submit their duly filled application forms accordingly. Year III Semester II (2018/2019 Batch) Proper & R/M Examination of the Faculty of

Application forms should be obtained from the Examination Branch or can be downloaded from the University website and students should handover their duly filled application forms to the Examination Branch.

Applications will be issued from **05.08.2024** onwards, between **9.00 a.m. to 12.00 noon** and forms should be handed over to the Examination Branch during the above time period, on or from 1.00 p.m. to 4.00 p.m. from the Examination Branch and duly filled application before **09.08.2024** 

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

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

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

Senior Assistant Registrar/Examinations 05.08.2024



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### SABARAGAMUWA UNIVERSITY OF SRI LANKA FACULTY OF APPLIED SCIENCES

## YEAR III SEMESTER II (2018/2019) PROPER & R/M EXAMINATION (Aug/ Sep 2024) EXAMINATION APPLICATION FORM

)1. Registratio	n No : Index No :	Medium :
02. Full Name	(In English Block Letters):	
	•••••	
03. Please stat	te the subject/subjects that you expect to offer for the E	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.
SSM 32001	General Fitness	
SSM 32022	Specialization of a Selected Sport – Part I	
SSM 32203	Advanced Practicum	
SSM 32204	Research Methodology	
SSM 32205	Sociology of Sports	
SSM 32106	Guidance and Counseling	
SSM 32207	Sport Law	
SSM 32208	Sport Management	
SSM 32209	Human Resource Management	
	Elective Subjects	
SSM 32110		
SSM 32111		
SSM 32112		
SSM 32213		
SSM 30014		

04.	State whether Mr. / Ms.:	
05.	Permanent Address:	
06.	Address during the period of	Examination :
07.	Contact Number	·
08.	Date of admission to the Univ	versity :
09.	Have you been registered for	r this year :
	Give date of payment of regis	stration fees for the course :
10.	Have you postponed sitting to any other reasons? If so give	his examination earlier due to illness (supported by Medical Certificate) or particulars.
11.	Amount of fees paid. (for the	first time need not pay examination fees).
	Amount::	
	Date of payment & receipt No	o.:
l certify inform	y that the above information is a ation given above is incorrect.	correct. I am aware that my application shall be rejected, if any of the
Date: .		
• De	elete as appropriate	Signature of Candidate.

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### SABARAGAMUWA UNIVERSITY OF SRI LANKA FACULTY OF APPLIED SCIENCES

### YEAR III SEMESTER II (2018/2019) PROPER & R/M EXAMINATION (Aug/ Sep 2024)

### **EXAMINATION APPLICATION FORM**

01.	Registration	n No : index No :	Medium :
02.	Full Name	(In English Block Letters):	
03.	Please stat	e the subject/subjects that you expect to offer for the Exa	mination.
	OURSE CODE	COURSE TITLE	SIGNATURE OF LECTURER INCHARGE CONFIRMING THAT THE CANDIDATE HAS FOLLOWED THE COURSE SATISFACTORILY AND IS ELIGIBLE TO SIT THE EXAMINATION.
FS	Г 32201	Aquatic Food Processing Technology	
FS7	Г 32202	Dairy Processing Technology	
FS'	Г 32103	Dairy Science and Dairy Processing Technology Practical	
FST	Г 32204	Sugar and Confectionery Processing Technology	
FS'	Г 32105	Beverage Processing Technology	
FS'	Г 32106	Sensory Evaluation of Foods	
FS'	Γ 32107	Sensory Evaluation of Foods Practical	
FS'	Г 32108	Process Control and Automation in Food Industry	
FS'	Г 32209	Human Resource Management	
FS'	Г 32210	Cleaner Production and Green Productivity	
FS'	Γ32111	Food Science and Technology Seminars	

04.	State whether Mr. / Ms.:		•••••		•••••		******	••••••	
05.	Permanent Address:				••••••		•••••		
			••••••	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	••••••	**************		
					• • • • • • • • • • • • • • • • • • • •		***************************************		•••••
		•••••••				••••••	••••••		
06.	Address during the period	of Examination	on :						
	•••			•••••	••••••				
	•••		***********		•••••		•••••		
	•••		• • • • • • • • • • • • • • • • • • • •			••••••			
07.	Contact Number				•••••		1>4+>>4+		
08.	Date of admission to the U	niversity	:		•••••••		•••••		
09.	Have you been registered t	or this year	:		• • • • • • • • • • • • • • • • • • • •				
	Give date of payment of re	gistration fees	for the co	ourse	:			•••••	
10.	Have you postponed sitting any other reasons? If so give	this examina /e particulars.	ition earlie	er due to	illness (s	upported	by Medical	Certificat	ie) or
11.	Amount of fees paid. (for th	e first time ne	ed not pa	ıy examir	ation fees	s).			
	Amount::								
	Date of payment & receipt	No. :							
I certify informa	/ that the above information is ation given above is incorrect	s correct. I am	n aware	that my	applicati	on shall	be rejected,	if any o	of the
Date: .						Signa	ture of Candic	late	
• De	elete as appropriate					Olgila	wie or Cariul	iate.	

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### SABARAGAMUWA UNIVERSITY OF SRI LANKA FACULTY OF APPLIED SCIENCES

### YEAR III SEMESTER II (2018/2019) PROPER & R/M EXAMINATION (Aug/ Sep 2024)

### **EXAMINATION APPLICATION FORM**

01. Registration	n No : Index No :	Medium :
02. Full Name (	(In English Block Letters):	
03. Please state	e the subject/subjects that you expect to offer for the Exa	mination.
COURSE CODE	COURSE TITLE	SIGNATURE OF LECTURER INCHARGE CONFIRMING THAT THE CANDIDATE HAS FOLLOWED THE COURSE SATISFACTORILY AND IS ELIGIBLE TO SIT THE EXAMINATION.
PED 32001	General Fitness	
PED 32202	Specialization of a Selected Sport - Part I	
PED 32203	Practicum – Level IV	
PED 32204	Sociology of Physical Education	
PED 32205	Sport and Education Law	
PED 32106	Sport Facility Design	
PED 32207	Management Process in Physical Education	
PED 32208	Research Methodology	
	Elective Subjects	
PED 32109		
PED 32210		
PED 32211		
PED 32112		
PED 32113		

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) of 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 informa	y that the above information is correct. I am aware that my application shall be rejected, if any of the ation given above is incorrect.
Date: .	
• De	Signature of Candidate.