NOTICE

CALLING EXAM APPLICATIONS DEPARTMRNT OF NATURAL RESOURCES FACULTY OF APPLIED SCIENCES Year II Semester II (2019/2020 Batch) Proper

Year III Semester I (2018/2019) Proper and Medical/Repeat Examinations

Year II Semester II (2019/2020 Batch) Proper, Year III Semester I (2018/2019) Proper and Medical/Repeat Examinations of the Department of Natural Resources, Faculty of Applied Sciences will be held in <u>January 2024</u>. 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 **21.12.2023** 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 Examinations Branch during the above time period, on or before **22.12.2023 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 21.12.2023

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Index No.:

SABARAGAMUWA UNIVERSITY OF SRI LANKA DEPARTMENT OF NATURAL RESOURCES FACULTY OF APPLIED SCIENCES

YEAR II SEMESTER II (2019/2020 Batch) PROPER EXAMINATION (January - 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.
ESNRM 22201	Fundamentals of Soil Science	
ESNRM 22202	Introduction to Economics	
ESNRM 22103	Geomorphology and Geology of Sri Lanka	
ESNRM 22104	Erath Science - Practical	
ESNRM 22205	Statistical Methodology (Theory and Practical)	
ESNRM 22206	Analytical Techniques for Environmental Sciences and Natural Resources (Theory and Practical)	
ESNRM 22207	Field Techniques in Ecology and Biodiversity (Theory and Practical)	
ESNRM 22208	Forestry	
ESNRM 22109	Forestry - Practical	
NRM-EAP- 2201	Academic English II	

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

Date:

Signature of Candidate.

• Delete as appropriate

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Index No.:

SABARAGAMUWA UNIVERSITY OF SRI LANKA DEPARTMENT OF NATURAL RESOURCES FACULTY OF APPLIED SCIENCES

YEAR III SEMESTER I (2018/2019 Batch) PROPER EXAMINATION (January - 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