FOR OFFICE USE ONLY	
Index No.:	

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

YEAR III SEMESTER II (2017/2018 Batch) (MEDICAL/REPEAT) EXAMINATION (April - 2024)

EXAMINATION APPLICATION FORM

01. Registration No :	Index No :	Medium :
02. Full Name (In English	Block Letters):	
	ect/subjects that you expect to offer for the	
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) any other reasons? If so give particulars.	O
11.	Amount of fees paid. (for the first time need not pay examination fees).	
	Amount::	
	Date of payment & receipt No. :	
	y that the above information is correct. I am aware that my application shall be rejected, if any of ation given above is incorrect.	the
Date:		
• E	Signature of Candidate.	