

SABARAGAMUWA UNIVERSITY OF SRI LANKA
FACULTY OF APPLIED SCIENCES
YEAR IV SEMESTER I
(Medical/Repeat) EXAMINATION
(December/January 2024)
EXAMINATION APPLICATION FORM

01. Registration No : Index No : Medium :
02. Full Name (In English Block Letters) :
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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.
FST 41201		
FST 41102		
FST 41103		
FST 41104		
FST 41105		
FST 41106		
FST 41107		
FST 41208		
FST 41109		
FST 41210		
FST 41111		
Optional Subjects		
FST 41212		
FST 41113		
FST 41114		
FST 41215		
FST 41216		

04. State whether Mr. / Ms.:

05. Permanent Address:

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06. Address during the period of Examination :

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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:

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Signature of Candidate.

- Delete as appropriate