

**SABARAGAMUWA UNIVERSITY OF SRI LANKA**  
**FACULTY OF APPLIED SCIENCES**  
**BSc. (HONOURS) IN ENVIRONMENTAL SCIENCES AND NATURAL**  
**RESOURCE MANAGEMENT**  
**YEAR IV SEMESTER I EXAMINATION**  
**MEDICAL /REPEAT**  
**(December - 2024 & January - 2025)**

**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 41201		
ESNRM 41102		
ESNRM 41303		
ESNRM 41204		
ESNRM 41105		
ESNRM 41206		
Optional		
ESNRM 41207		
ESNRM 41208		
ESNRM 41209		
ESNRM 41210		
ESNRM 41211		
ESNRM 41212		
ESNRM 41213		
ESNRM 41214		
ESNRM 41215		
ESNRM 41216		
ESNRM 41217		
ESNRM 41218		

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