

**SABARAGAMUWA UNIVERSITY OF SRI LANKA**  
**FACULTY OF APPLIED SCIENCES**  
**BSc (HONOURS) IN PHYSICAL SCIENCE AND TECHNOLOGY**  
**YEAR IV SEMESTER I EXAMINATION**  
**Medical/Repeat (Computer Science and Technology)**  
**(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.
PST 41001		
PST 41227		
PST 41228		
PST 41229		
PST 41231		
PST 41135		
PST 41236		
Optional		
PST 41230		
PST 41232		
PST 41233		
PST 41234		
PST 41203		
PST 41208		
PST 41210		
PST 41215		
PST 41116		

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