

NOTICE

CALLING EXAM APPLICATIONS FACULTY OF APPLIED SCIENCES

Department of FST

Year I Semester II (2019/2020 Batch) R/M

Year I Semester II (2019/2020 Batch) R/M Examination of the Faculty of Applied Sciences will be held in **September/October 2023**. Students are advised to submit their duly filled application forms accordingly.

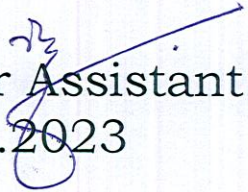
Application forms should be obtained from the **Food Science and Technology Department** or can be downloaded from the **University website** and students should handover their duly filled application forms to the **Department**.

Applications will be issued from **14.09.2023** onwards, between **9.00 a.m. to 12.00 noon** and from **1.00 p.m. to 4.00 p.m. from the Department** and duly filled application forms should be handed over to the Department during the above time period, on or before **18.09.2023**

(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

14.09.2023

FOR OFFICE USE ONLY

Index No.:

**SABARAGAMUWA UNIVERSITY OF SRI LANKA
FACULTY OF APPLIED SCIENCES**

**YEAR I SEMESTER II (2019/2020)
R/M EXAMINATION
(September/October - 2023)**

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