

NOTICE

CALLING EXAM APPLICATIONS FACULTY OF COMPUTING

Year I/II Semester I (Medical/Repeat) Examination (Old Curriculum)

Year I/II Semester I (Medical/Repeat) (Old Curriculum) Examinations of the Faculty of Computing will be held in **November/December 2023**. Students are advised to submit their duly filled application forms accordingly.

Application forms should be obtained from the **Faculty of Computing** and students should handover their duly filled application forms to the **Faculty of Computing**.

Applications will be issued from **23.09.2023** onwards, between **9.00 a.m. to 12.00 noon** and from **1.00 p.m. to 4.00 p.m.** and duly filled application forms should be handed over to the Examinations Branch during the above time period, on or before **26.09.2023**. **No application will be accepted thereafter under any circumstances.**

(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
23.09.2023

SABARAGAMUWA UNIVERSITY OF SRI LANKA
FACULTY OF COMPUTING
BSc (HONS) IN COMPUTING AND INFORMATION SYSTEMS
Year I SEMESTER I (Medical/Repeat) EXAMINATION
(Old Curriculum)
(November/December - 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.
IS 11201			
IS 11302			
IS 11203			
IS 11204			
IS 11205			
IS 11206			
CPE 1101			

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

SABARAGAMUWA UNIVERSITY OF SRI LANKA
FACULTY OF COMPUTING
BSc (HONS) IN COMPUTING AND INFORMATION SYSTEMS
Year II SEMESTER I (Medical/Repeat) EXAMINATION
(Old Curriculum)
(November/December - 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.
IS 21213			
IS 21214			
IS 21215			
IS 21216			
IS 21217			
IS 21218			
IS 21219			
CPE 2101			

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.
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- Amount:
- Date of payment & receipt No. :

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Date:

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Signature of Candidate.

- Delete as appropriate