FACULTY OF GRADUATE STUDIES

For Office Use Only

SABARAGAMUWA UNIVERSITY OF SRI LANKA

MSC AYURVEDIC HOSPITAL MANAGEMENT - INTAKE

YEAR ( ) SEMESTER ( ) EXAMINATION

**EXAMINATION APPLICATION FORM**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Student ID No : |

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| 2. Name in full (in block letters) | ................................................................................................................................................................................................................................................................................................................................................................................. |
| 3. Name with initials (in block letters) | (Rev./Mr./Ms.) ................................................................................................. |
| 4. Permanent address | .................................................................................................................................................................................................................................................... |
| 5. Address during the period of examination (If different from the above) | .................................................................................................................................................................................................................................................. |
| 6. Contact telephone No. |

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| 7. Have you been registered for the current year by settling all the relevant fees (Please tick) | [ ] Yes [ ] No | For Office Use Only (Remarks) |
| **Note: Admission to sit for the examination will be barred if failed to settle any dues to the FGS at the time of the submission of this application)** |

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| 8. Please state the subject /subjects that you expect to offer for the Examination |
| **Subject** | **Code No.** | **Signature of Lecturer-in-Charge confirming that the candidate has followed the course satisfactorily and Is eligible to sit the examination.** |
| 1. |  |  |
| 2. |  |  |
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| 10. |  |  |

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| 9. Have you postponed sitting this examination earlier due to illness (supported by Medical Certificate) or any other reasons? If so, give particulars. | [ ] Yes [ ] No |
| 10. Amount of fees paid (Examination fees are not required to pay for the first time) | Amount: |  |
| Date of Payment: |  |
| **Note: Please attach the relevant voucher form.**  |

I certify that the above information is correct. I am aware that my application is subject to be rejected, if any of the information given above is incorrect.

Date : …………………………....... Signature of the Candidate: ………………………….......