

FOR OFFICE USE ONLY

Index No.:

**SABARAGAMUWA UNIVERSITY OF SRI LANKA
FACULTY OF MEDICINE
BACHELOR OF MEDICINE AND BACHELOR OF SURGERY (MBBS)
END SEMESTER III EXAMINATION – DECEMBER, 2021
02 BATCH (2018/2019)**

EXAMINATION APPLICATION FORM

01. Registration No : Index No :
02. i. Name with Initials :
(In block letters)
ii. Name denoted by Initials :
03. Please state the subject/subjects that you expect to offer for the Examination.

SUBJECTS

SIGNATURE OF LECTURER
INCHARGE CONFIRMING THAT THE
CANDIDATE HAS FOLLOWED THE
COURSE SATISFACTORILY AND IS
ELIGIBLE TO SIT THE EXAMINATION.

- i.
- ii.
- iii.
- iv.
- v.
- vi.
- vii.
- viii.
- ix.
- x.

SEAL OF THE FACULTY / DEPARTMENT

04. State whether Mr. / Ms.:

05. Permanent Address:

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06. Address during the period of Examination:

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07. Contact Number :

08. Email Address :

09. Date of admission to the University :

10. Have you been registered for this year :

Give date of payment of registration fees for the course :

11. Have you postponed sitting this examination earlier due to illness (supported by Medical Certificate) or any other reasons? If so give particulars.

12. Amount of fees paid. (candidates applied for the first time, NO need to 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:

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Signature of Candidate.