FOR OFF	ICE USE	ONLY
----------------	---------	------

Index	No.:	 	 	 		 	

SABARAGAMUWA UNIVERSITY OF SRI LANKA FACULTY OF MANAGEMENT STUDIES B Sc. HONOURS IN FINANCIAL MANAGEMENT YEAR III SEMESTER II EXAMINATION (June/July 2025)

EXAMINATION APPLICATION FORM

01.	Registration No :	Index N	lo :						
02.	i. Full Name (In English Block Letters) :								
	ii. Name denoted by Initials :								
03.	Please state the subject/subjects that you expect to offer for the Examination.								
	SUBJECTS SUBJ	SIGNATURE OF LECTURER INCHARGE CONFIRMING THAT THE CANDIDATE HAS FOLLOWED THE COURSE SATISFACTORILY AND IS ELIGIBLE TO SIT THE EXAMINATION.							
i.	Finance Literature	FM 3211							
ii	Behaviour Finance	FM 3223							
iii.	Strategic Management	FM 3233							
iv.	Operational Research	FM 3243							
v.	Entrepreneurship & Small Business	FM 3253							
	Management (Elective)								
vi.	Innovations & Intellectual Property	FM 3253							
	Management (Elective)								
vii.	Introductory Economics	FM 3262							
viii.	Personality & Professional Development	FM 3272							

04.	State whether Mr. / Ms.:			• • • • • • • • • • • • • • • • • • • •					• • • • • • • • • • • • • • • • • • • •
05.	Permanent Address:			• • • • • • • • • • • • • • • • • • • •				•••••	• • • • • •
				***************************************			• • • • • • • • • • • • • • • • • • • •	•••••	
			• • • • • • • • • • • • • • • • • • • •				• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	
				•••••••		***********			
06.	Address during the perio	od of Examinati	on :						
				•••••			• • • • • • • • • • • • • • • • • • • •		
				• • • • • • • • • • • • • • • • • • • •				*********	

07.	Contact Number		:	••••••	••••••	••••••			
08.	Date of admission to the	University	:		***************************************	••••••			
09.	Have you been registere	ed for this year	:				***************************************		
	Give date of payment of	registration fee	s for the co	urse	:		• • • • • • • • • • • • • • • • • • • •		
10.	Have you postponed sitt any other reasons? If so			r due to illne	ess (supp	orted by	Medical	Certifica	ite) oi
11.	Amount of fees paid. (fo	r the first time n	eed not pa	/ examinatio	on fees).				
	Amount::								
	Date of payment & rece	pt No. :	***************************************	••••					
	y that the above information ation given above is incorr		n aware	that my ap	plication	shall be	rejected,	if any o	of the
Date:						 Signature	of Candid		
• De	elete as appropriate				•	Jigi iature	or Cariulu	alC.	