

Repeat / Medical

FOR OFFICE USE ONLY

Index No.:

SABARAGAMUWA UNIVERSITY OF SRI LANKA
FACULTY OF MANAGEMENT STUDIES
YEAR I SEMESTER I EXAMINATION (October - 2024)
EXAMINATION APPLICATION FORM (Repeat / Medical)

01. Registration No : Index No :
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	SUBJECT CODE	ATTEMPT	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.				

SEAL OF THE FACULTY / DEPARTMENT

04. State whether Mr. / Ms.:

05. Permanent Address:

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.....

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06. Address during the period of Examination :

.....

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.....

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