

FOR OFFICE USE ONLY

Index No.:

**SABARAGAMUWA UNIVERSITY OF SRI LANKA
FACULTY OF TECHNOLOGY**

DEPARTMENT OF

YEAR III SEMESTER I EXAMINATION (Proper/Repeat/Medical)

EXAMINATION APPLICATION FORM

01. Registration No : Index No : Medium :

02 i. Full Name (In English Block Letters) :

ii. සම්පූර්ණ නම (සිංහලෙන්) :

03. Please state the subject/subjects that you expect to offer for the Examination.

COURSE TITLE

COURSE CODE

**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.	.....	.....	.....

04. State whether Mr. / Ms.:

05. Permanent Address:
.....
.....
.....

06. Address during the period of Examination :
.....
.....
.....

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:

.....
Signature of Candidate.

- Delete as appropriate