NOTICE

CALLING EXAM APPLICATIONS

FACULTY OF TECHNOLOGY

DEPARTMENT OF BIOSYSTEMS TECHNOLOGY

The **Year IV Semester I (2018/2019)** students of the Department of Biosystems Technology are informed to download the exam application form for their Year IV Semester I examinations from the Faculty website/University web side and duly filled application form should be uploaded to the ***infobst@tech.sab.ac.lk*** on or before 01 November 2024. Students are advised to rename the application using your registration number and convert the file into the **PDF** document format before uploading.

Senior Assistant Registrar / Examinations.

28.10.2024

FOR OFFICE USE ONLY

Index No.: .....

SABARAGAMUWA UNIVERSITY OF SRI LANKA
FACULTY OF TECHNOLOGY

DEPARTMENT OF BIOSYSTEMS TECHNOLOGY

YEAR IV SEMESTER I (2018/2019 BATCH) EXAMINATION

EXAMINATION APPLICATION FORM

01. Registration No : ..... Index No : ..... Medium : .....

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

.....

ii. සම්පූර්ණ නම (සිංහලෙන්) : .....

.....

(IV වසර - I/II සමාසිකයේ සිසුන් සඳහා පමණි - උපාධි සහතිකයට ඇතුළත් කිරීම සඳහා)

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.	.....	.....	.....

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