FOR OFFICE USE ONLY

Index No.: ……....

SABARAGAMUWA UNIVERSITY OF SRI LANKA

FACULTY OF APPLIED SCIENCES

BSc (HONOURS) IN PHYSICAL SCIENCE AND TECHNOLOGY

YEAR I SEMESTER I EXAMINATION

Medical/Repeat (New Curriculum)

(March/April 2025)

EXAMINATION APPLICATION FORM

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

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

……..……..……..……..……..……

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

COURSE CODE	COURSE TITLE	SIGNATURE OF LECTURER INCHARGE CONFIRMING THAT THE CANDIDATE HAS FOLLOWED THE COURSE SATISFACTORILY AND IS ELIGIBLE TO SIT THE EXAMINATION.
PST 11201		
PST 11202		
PST 11103		
PST 11204		
PST 11205		
PST 11106		
PST 11107		
PST 11208		
PST 11109		
PST 11210		
PST-EGP-1101		

04. State whether Mr. / Ms.: ……..…….……

05. Permanent Address: ……..…….……

……..…….……

……..…….……

……..…….……

06. Address during the period of Examination :

..……..…….……

..……..…….……

……..……

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