FOR	OFFICE	USE	ONLY

Index	No.:															

SABARAGAMUWA UNIVERSITY OF SRI LANKA FACULTY OF TECHNOLOGY

	DEPARTMENT OF		***************************************
YI	EAR SEMESTER (/ BA	TCH) EXAMINATION
	EXAMINATION	APPLICATION FO	<u>ORM</u>
•	Major Module:		
01.	Registration No : Ind	lex No :	Medium :
02	i. Full Name (In English Block Letters):		
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	COURSE TITLE	COURSE CODE	SIGNATURE OF LECTURER INCHARGE CONFIRMING THAT THE CANDIDATE HAS FOLLOWED THE COURSE
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04.	State whether Mr. / Ms.:	
5.	Permanent Address:	
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07.	Contact Number :	polegost i sero.
08.	Email Address :	
09.	Date of admission to the University :	
10.	Have you been registered for this year :	(Selection and Control of Control
	Give date of payment of registration fees for the course	:
11.	Have you postponed sitting this examination earlier due any other reasons? If so give particulars.	to illness (supported by Medical Certificate) or
	arry other reasons: It so give particulars.	
12.	Amount of fees paid. (candidates applied for the first time	e, NO need to pay examination fees).
	Amount::	
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