

**FOR OFFICE USE ONLY**

Index No.: .....

**SABARAGAMUWA UNIVERSITY OF SRI LANKA  
FACULTY OF APPLIED SCIENCES**

**YEAR III SEMESTER II (2020/2021)  
PROPER EXAMINATION  
(August/ September 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.

<b>COURSE CODE</b>	<b>COURSE TITLE</b>	<b>SIGNATURE OF LECTURER INCHARGE CONFIRMING THAT THE CANDIDATE HAS FOLLOWED THE COURSE SATISFACTORILY AND IS ELIGIBLE TO SIT THE EXAMINATION.</b>
FST 3201	Aquatic Food Processing Technology	
FST 3202	Dairy Processing Technology	
FST 3203	Laboratory in Dairy Science and Dairy Processing Technology	
FST 3204	Beverage Processing Technology	
FST 3205	Sensory Evaluation of Foods and Practicum	
FST 3206	Functional Foods and Nutraceuticals	
FST 3207	Process Control and Automation in Food Industry	
FST 3208	Seminars in Trends and Current Issues in Food Science and Technology	
<b>Optional Subjects</b>		
FST 3209	Instrumental Techniques in Food Science	
FST 3210	Food Plant Layout and Operations	
FST 3211	Statistics for Research	
FST 3212	Nutritional Aspects of Chronic Diseases	

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