

FOR OFFICE USE ONLY

Index No.:

SABARAGAMUWA UNIVERSITY OF SRI LANKA
FACULTY OF APPLIED SCIENCES
YEAR IV SEMESTER I (2019/2020)
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.

COURSE CODE	COURSE TITLE	SIGNATURE OF LECTURER INCHARGE CONFIRMING THAT THE CANDIDATE HAS FOLLOWED THE COURSE SATISFACTORILY AND IS ELIGIBLE TO SIT THE EXAMINATION.
FST 4101	Integrated Project in Food Science and Technology	
FST 4102	Chemistry and Technology of Cereals	
FST 4103	Chemistry and Technology of Fats and Oils	
FST 4104	Spice, Root and Tuber Processing Technology	
FST 4105	Pulse and Edible Nut Processing Technology	
FST 4106	Sugar and Confectionery Processing Technology	
FST 4107	Fruit and Vegetable Processing Technology	
FST 4108	Laboratory in Food Processing Technology (Cereals, Spices, Roots, Tubers, Pulses, Confectionery, Fruits, Vegetables)	
FST 4109	Meat and Egg Processing Technology	
FST 4110	Laboratory in Aquatic Food, Meat and Egg Processing Technology	
FST 4111	Advanced Food Quality Management	
FST 4112	Entrepreneurship in Food Technology	
Optional Subjects		
FST 4113	Nanotechnology and its Applications in Food	
FST 4114	Technology and Innovation Management	
FST 4115	Food, Culture and Traditional Foods	
FST 4116	Modern Food Supply and Distribution Systems and Sustainability	
FST 4117	Data Science and Informatics Applications in Food Science	

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