FOR OFFICE USE ONLY	
Index No.:	

SABARAGAMUWA UNIVERSITY OF SRI LANKA FACULTY OF APPLIED SCIENCES

YEAR I SEMESTER II (2020/2023) PROPER EXAMINATION

(August/ September 2025)

EXAMINATION APPLICATION FORM

01.	Registration N	lo :	Index No :	Medium :
02.	Full Name (In	English Block Letters) :		
03.	Please state t	he subject/subjects that yo	u expect to offer for the Exa	mination.
	COURSE CODE	COURS	E TITLE	SIGNATURE OF LECTURER INCHARGE CONFIRMING THAT THE CANDIDATE HAS FOLLOWED THE COURSE SATISFACTORILY AND IS ELICIBLE TO SIT THE

COURSE CODE	COURSE TITLE	INCHARGE CONFIRMING THAT THE CANDIDATE HAS FOLLOWED THE COURSE SATISFACTORILY AND IS ELIGIBLE TO SIT THE EXAMINATION.
SSM 12101	Fundamental Motor Skills	
	Movement Concepts, Skill Analysis,	
SSM 12102	Performance, and Practices in Athletics (Field	
	Event-Jumps)	
SSM 12103	Movement Concepts, Skill Analysis,	
55W1 12105	Performance, and Practices in Netball	
SSM 12104	Movement Concepts, Skill Analysis,	
55W1 1210 4	Performance, and Practices in Soccer	
SSM 12305	Exercise Biochemistry	
SSM 12206	Basic Physics	
SSM 12207	Human Physiology	
SSM 12208	Olympic Movement and Olympism	
SSM 12109	Introduction to Information Technology	
SSM-EGP- 1201	General English II	

04.	State whether Mr. / Ms.:								
05.	Permanent Address:								
06.	Address during the period of	of Examination	:						
07.	Contact Number	:							
08.	Date of admission to the Ur	niversity :							
09.	Have you been registered for	or this year :							
	Give date of payment of reg	jistration fees fo	r the cou	rse	:				
10.	Have you postponed sitting any other reasons? If so give		n earlier	due to illne	ess (sup	ported by	Medical	Certifica	te) o
11.	Amount of fees paid. (for the	e first time need	I not pay	examinatio	on fees).				
	Amount::								
	Date of payment & receipt N	No. :							
	fy that the above information is nation given above is incorrect.		ware th	nat my ap	pplication	shall be	rejected,	if any o	of the
Date:						Signature	of Candid		
• D	elete as appropriate					U			

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