

FOR OFFICE USE ONLY

Index No

**SABARAGAMUWA UNIVERSITY OF SRI LANKA
BSC. (HONS) AGRICULTURAL SCIENCES & MANAGEMENT
BSC.(HONS) FOOD BUSINESS MANAGEMENT**

YEAR SEMESTER EXAMINATION

EXAMINATION APPLICATION FORM

1. Registration No : Index No
2. i. Name with Initials:
(In block letters)
- ii. Name denoted by Initials:
.....
03. Please state the subject/subjects that you expect to offer for the Examination.

Module -

TITLE OF PAPER

CODE NO

**SIGNATURE OF LECTURER
IN CHARGE CONFIRMING
THAT THE CANDIDATE HAS
FOLLOWED THE COURSE
SATISFACTORILY AND IS
ELIGIBLE TO SIT THE
EXAMINATION.**

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| i. | | | |
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| vii. | | | |
| viii. | | | |
| ix. | | | |
| x. | | | |

4. State whether Mr./Ms.
5. a. Permanent Address :
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.....
.....
- b. i. Province:
ii. District:
iii. Race :
iv. Religion :
6. Contact Telephone Number
7. Address during the period of Examination :
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.....
8. Date of admission to the University:
9. 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