

**SABARAGAMUWA UNIVERSITY OF SRI LANKA**  
**FACULTY OF APPLIED SCIENCES**  
**BSc (HONOURS) IN PHYSICAL SCIENCE AND TECHNOLOGY**  
**YEAR I SEMESTER II EXAMINATION**  
**(Medical/Repeat)**  
**(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.
PST 12201		
PST 12102		
PST 12103		
PST 12104		
PST 12205		
PST 12206		
PST 12107		
PST 12108		
PST 12209		
PST 12110		
PST 12211		
PST-EGP-1201		

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