

**FOR OFFICE USE ONLY**

Index No.: .....

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

**YEAR I SEMESTER II  
Medical/ Repeat 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<br/>CODE</b> | <b>COURSE TITLE</b> | <b>SIGNATURE OF LECTURER<br/>INCHARGE CONFIRMING THAT<br/>THE CANDIDATE HAS<br/>FOLLOWED THE COURSE<br/>SATISFACTORILY AND IS<br/>ELIGIBLE TO SIT THE<br/>EXAMINATION.</b> |
|------------------------|---------------------|--|
| SSM 12101              |                     |  |
| SSM 12102              |                     |  |
| SSM 12103              |                     |  |
| SSM 12104              |                     |  |
| SSM 12305              |                     |  |
| SSM 12206              |                     |  |
| SSM 12207              |                     |  |
| SSM 12208              |                     |  |
| SSM 12109              |                     |  |
| SSM-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