

FOR OFFICE USE ONLY

Index No.:

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

**YEAR II SEMESTER II
Medical/ Repeat EXAMINATION
(September/October 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.
SSM 22201		
SSM 22202		
SSM 22203		
SSM 22204		
SSM 22205		
SSM 22206		
SSM 22207		
SSM-EAP-2201		
One subject to be selected from the following elective subjects		
SSM 22108		
SSM 22109		
One subject to be selected from the following elective subjects		
SSM 22110		
SSM 22111		

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