

**FOR OFFICE USE ONLY**

Index No.: .....

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

**YEAR III 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 32201		
SSM 32202		
SSM 32203		
SSM 32204		
SSM 32205		
SSM 32206		
SSM 32207		
SSM 32208		
SSM 32109		

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