

**FOR OFFICE USE ONLY**

Index No.: .....

**SABARAGAMUWA UNIVERSITY OF SRI LANKA**  
**FACULTY OF COMPUTING**  
**BSc (HONS) IN COMPUTING AND INFORMATION SYSTEMS**  
**YEAR III SEMESTER I (2018/2019 BATCH)**  
**(MEDICAL/REPEAT) EXAMINATION**  
**(October/November - 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 CODE</b>	<b>COURSE TITLE</b>	<b>SIGNATURE OF LECTURER INCHARGE CONFIRMING THAT THE CANDIDATE HAS FOLLOWED THE COURSE SATISFACTORILY AND IS ELIGIBLE TO SIT THE EXAMINATION.</b>
IS 31227		
IS 31228		
IS 31129		
IS 31230		
IS 31231		
IS 31232		
IS 31233		
	<b>ELECTIVE</b>	
IS 31234		
IS 31235		
IS 31236		
IS 31237		
IS 31238		
IS 31239		
IS 31240		
IS 31241		

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