

FOR OFFICE USE ONLY

Index No.:

**SABARAGAMUWA UNIVERSITY OF SRI LANKA
FACULTY OF APPLIED SCIENCES
YEAR III SEMESTER I (New Curriculum)
M/R 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. |
|--|--------------|---|
| PED 31301 | | |
| PED 31202 | | |
| PED 31203 | | |
| PED 31204 | | |
| PED 31205 | | |
| PED 31206 | | |
| PED 31207 | | |
| PED-EBP 3101 | | |
| Elective (Two Subjects to be selected from the following elective subjects) | | |
| PED 31108 | | |
| PED 31109 | | |
| PED 31110 | | |
| PED 31111 | | |

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