

**SABARAGAMUWA UNIVERSITY OF SRI LANKA**  
**FACULTY OF GEOMATICS**  
**CALLING (REPEAT/MEDICAL) APPLICATIONS FOR THE**  
**YEAR I SEMESTER II - FC 12545 LAND SURVEYING PRACTICAL II,**  
**YEAR II SEMESTER I - FC 21546 LAND SURVEYING PRACTICAL III,**  
**EXAMINATIONS – May/June 2026**

Year I Semester II - **FC 12545 Land Surveying Practical II**, Year II Semester I - **FC 21546 Land Surveying Practical III**, Examinations of the Faculty of Geomatics has been scheduled to be held in **May/June 2026**. Accordingly, **Repeat/Medical students** of the Faculty who have not yet submitted their applications and are required to sit for the relevant examinations are advised to submit their applications as per instructions given below. **(Students who have already submitted their applications are requested to refrain from resubmitting.)**

**01. ISSUING APPLICATION FORMS**

Applications should be submitted on prescribed forms obtainable from the **Dean's office of the Faculty**. Forms will be issued on **15<sup>th</sup> May 2026** between **9.00 a.m. to 12.00 noon** and from **1.30 pm to 3.30 pm**.

**02. SUBMISSION OF COMPLETED APPLICATION FORMS**

Students of the Faculty should handover their duly filled application forms to the **Examination Branch** on **19<sup>th</sup> May 2026** between **9.00 a.m. to 12.00 noon** and from **1.30 pm to 3.30 pm**.

***N. B. - Students' Record Books should be produced when applications are handed over. Only the students who have valid registration for the relevant academic year are eligible to apply for the examination.***

**03. FILLING IN THE APPLICATION FORMS**

It is the responsibility of the candidates to enter all subjects (Title of Question Papers with Code Numbers) clearly in the application form. Heads of Departments may be consulted with regard to any clarification in completing the application forms.

**04. APPLICATIONS FROM STUDENTS WHO HAVE FAILED OR HAVE NOT COMPLETED THEIR PREVIOUS EXAMINATIONS**

Those students who fall into the above category are required to pay the appropriate examination fees along with their applications. The fees can be paid at any branch of the Bank of Ceylon to the credit of the Sabaragamuwa University, Account Number **0002246976** at Bank of Ceylon, Balangoda Branch, or direct to the Shroff of the University. Receipts for payment of fees should be attached to the applications.

**FEE PAYABLE BY CANDIDATES REPEATING THE SEMESTER EXAMINATION**

**I. Repeat Examination Fees (for a Semester)**

One Subject	-	Rs. 25.00
Two Subjects	-	Rs. 50.00
Three Subjects	-	Rs. 75.00
Four Subjects or more	-	Rs. 100.00

**05. WITHHOLDING OF EXAMINATION RESULTS**

Results of those students who have not paid hostel fees, charges for damages done to the University property and of those who have not returned sports equipment and library books etc. will be withheld. Students are therefore advised to get clearance for the above payments before applications are submitted for any examination.



Senior Assistant Registrar / Examinations

14.05.2025

- CC: 01. Dean/Faculty of Geomatics  
02. Librarian  
03. All Heads of Departments /Faculty of Geomatics  
04. Senior Assistant Registrar/Academic & Students' Services  
05. Assistant Registrar/Faculty of Geomatics - Please make necessary arrangements to issue the applications.

**Repeat/Medical**

**FOR OFFICE USE ONLY**

Index No.: .....

**SABARAGAMUWA UNIVERSITY OF SRI LANKA  
FACULTY OF GEOMATICS  
BACHELOR OF SCIENCE HONOURS IN SURVEYING SCIENCES  
YEAR I SEMESTER II EXAMINATION  
(October/November - 2025 and May/June 2026)  
EXAMINATION APPLICATION FORM (Repeat/Medical)**

01. Registration No : ..... Index No : .....

02. i. Full Name (In English Block Letters) : .....

ii. Name denoted by Initials : .....

03. Please state the subject/subjects that you expect to offer for the Examination.

**SUBJECTS**

**SUBJECT CODE**

SIGNATURE OF LECTURER  
INCHARGE CONFIRMING  
THAT THE CANDIDATE HAS  
FOLLOWED THE COURSE  
SATISFACTORILY AND IS  
ELIGIBLE TO SIT THE  
EXAMINATION.

**ATTEMPT**

i. **Land Surveying Practical II**

**FC 12545**

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**SEAL OF THE FACULTY / DEPARTMENT**

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.

**Repeat/Medical**

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Index No.: .....

**SABARAGAMUWA UNIVERSITY OF SRI LANKA  
FACULTY OF GEOMATICS  
BACHELOR OF SCIENCE HONOURS IN SURVEYING SCIENCES  
YEAR II SEMESTER I EXAMINATION  
(May/June - 2025 and May/June 2026)  
EXAMINATION APPLICATION FORM (Repeat/Medical)**

01. Registration No : ..... Index No : .....

02. i. Full Name (In English Block Letters) : .....

ii. Name denoted by Initials : .....

03. Please state the subject/subjects that you expect to offer for the Examination.

**SUBJECTS**

**SUBJECT CODE**

SIGNATURE OF LECTURER  
INCHARGE CONFIRMING  
THAT THE CANDIDATE HAS  
FOLLOWED THE COURSE  
SATISFACTORILY AND IS  
ELIGIBLE TO SIT THE  
EXAMINATION.

**ATTEMPT**

i. **Land Surveying Practical III**

**FC 21546**

**SEAL OF THE FACULTY / DEPARTMENT**

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.