

FOR OFFICE USE ONLY

Index No.:

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

**YEAR IV SEMESTER II (2020/2021)
PROPER EXAMINATION
(July/ August 2026)**

EXAMINATION APPLICATION FORM

01. Registration No : Index No : Medium :

02. Full Name (In English Block Letters) :

සම්පූර්ණ නම (සිංහලෙන්) :
(උපාධි සහතික පත්‍රයට නම ඇතුළත් කිරීම සඳහා)

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 42801	Research Project	
PED 42202	Industrial Training	

04. State whether Mr. / Ms.:

05. Permanent Address:

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06. Address during the period of Examination :

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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