FOR OFFICE USE ONLY	
Index No.:	

SABARAGAMUWA UNIVERSITY OF SRI LANKA DEPARTMENT OF NR/PST/FST FACULTY OF APPLIED SCIENCES

YEAR II SEMESTER II (2017/2018 Batch) (MEDICAL/REPEAT) EXAMINATION (April - 2024)

EXAMINATION APPLICATION FORM

01. Registration No:	Index No :	Medium :						
02. Full Name (In Englis	Full Name (In English Block Letters): Please state the subject/subjects that you expect to offer for the Examination.							
03. Please state the sub								
COURSE CODE	COURSE TITLE	SIGNATURE OF LECTURER INCHARGE CONFIRMING THAT THE CANDIDATE HAS FOLLOWED THE COURSE SATISFACTORILY AND IS ELIGIBLE TO SIT THE EXAMINATION.						
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04.	State whether Mr. / Ms.:		••••••				
05.	Permanent Address:	*****	•••••				••••
06.	Address during the period of	Examination :					
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07.	Contact Number	:	***************************************	• • • • • • • • • • • • • • • • • • • •		•	
08.	Date of admission to the University	versity :					
09.	Have you been registered for	r this year :			• • • • • • • • • • • • • • • • • • • •		
	Give date of payment of regis	stration fees for	the course				
10.	Have you postponed sitting t any other reasons? If so give		earlier due t	o illness (supported by	Medical C	ertificate) or
11.	Amount of fees paid. (for the	first time need r	not pay exan	nination fee	es).		
	Amount::						
	Date of payment & receipt No	0. ;					
I certify informa	that the above information is tion given above is incorrect.	correct. I am aw	are that n	ny applica	tion shall be	rejected, if	any of the
Date:							
• De	ete as appropriate				Signature	of Candidat	e.