

**FOR OFFICE USE ONLY**

Index No.: .....

**SABARAGAMUWA UNIVERSITY OF SRI LANKA**  
**FACULTY OF MANAGEMENT STUDIES**  
**B Sc. HONOURS IN FINANCIAL MANAGEMENT**  
**YEAR I SEMESTER I EXAMINATION (October - 2022)**

**EXAMINATION APPLICATION FORM**

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.

- |      |                                                                     |                |       |
|------|---------------------------------------------------------------------|----------------|-------|
| i.   | Management Process                                                  | <b>FM 1113</b> | ..... |
| ii   | Financial Accounting                                                | <b>FM 1123</b> | ..... |
| iii. | Micro Economics                                                     | <b>FM 1132</b> | ..... |
| iv.  | Business Mathematics                                                | <b>FM 1143</b> | ..... |
| v.   | Information & Communication<br>Technology and Computer Applications | <b>FM 1153</b> | ..... |
| vi.  | Business English I                                                  | <b>FM 1162</b> | ..... |

**SEAL OF THE FACULTY / DEPARTMENT**

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