

## **NOTICE**

### **CALLING APPLICATIONS-SPECIAL REPEAT EXAM**

#### **FACULTY OF TECHNOLOGY**

##### **Department of Biosystems Technology (2017/2018 Batch)**

**Year III Semester I (For 2017/2018 Batch)** students in the department of Biosystems Technology, Faculty of Technology are advised to submit their exam applications on or before 31<sup>st</sup> January 2024 to the Examination Branch for the examination scheduled to be held on February 2024.

The application can be obtained from the Examination Branch from 24<sup>th</sup> **January 2024** onwards.

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

**I. Registration Fees –**

Candidates who are not registered for the current academic year should pay Registration Fees of Rs 300.00 to the Academic & Students Affairs.

**II. 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

Senior Assistant Registrar / Examinations.

23.01.2024

**FOR OFFICE USE ONLY**

Index No.: .....

**SABARAGAMUWA UNIVERSITY OF SRI LANKA  
FACULTY OF TECHNOLOGY**

**BACHELOR OF BIOSYSTEMS TECHNOLOGY HONOURS DEGREE  
YEAR III SEMESTER I EXAMINATION (February - 2024)**

**EXAMINATION APPLICATION FORM  
(SPECIAL REPEAT 2017/2018 Batch)**

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.

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

**SUBJECTS**

**SUBJECT CODE**

i.

ii.

iii.

iv.

v.

**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.

- Delete as appropriate