NOTICE

CALLING EXAM APPLICATIONS FACULTY OF APPLIED SCIENCES Department of FST Year IV Semester I (2017/2018 Batch) Proper

Year IV Semester I (2017/2018 Batch) Proper Examination of the Faculty of Applied Sciences will be held in <u>November/December 2023</u>. Students are advised to submit their duly filled application forms accordingly.

Application forms should be obtained from the Food Science and Technology Department or can be downloaded from the University website and students should handover their duly filled application forms to the Examination Branch.

Applications will be issued from 30.10.2023 onwards, between 9.00 a.m. to 12.00 noon and from 1.00 p.m. to 4.00 p.m. from the Department and duly filled application forms should be handed over to the Examination Branch during the above time period, on or before 03.11.2023

(N. B. - Students' Record Books should be produced when applications are handed over.)

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

Repeat students who are going to apply for the above exam should pay 25.00 rupees per one subject and 100.00 rupees should pay more than four subjects.

Senior Assistant Registrar/Examinations 30.10.2023

FOR OFFICE USE ONLY	
Index No.:	

SABARAGAMUWA UNIVERSITY OF SRI LANKA FACULTY OF APPLIED SCIENCES

YEAR IV SEMESTER I (2017/2018) Proper EXAMINATION (November / December 2023)

EXAMINATION APPLICATION FORM

01.	Registration No:	Index No :	Medium :				
02.	Full Name (In English Block Letters):						
03.	Please state the subjec	se state the subject/subjects that you expect to offer for the Examination.					
	ODE	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 :				
	,					
07.	Contact Number					
08.	Date of admission to the U	niversity :				
09.	Have you been registered for this year :					
	Give date of payment of re	gistration fees for the	course	1		
10.	Have you postponed sitting any other reasons? If so g		rlier due to illness	(supported by Medical	Certificate) or	
11.	Amount of fees paid. (for the first time need not pay examination fees).					
	Amount::					
	Date of payment & receipt	No. :				
	fy that the above information nation given above is incorred		e that my applica	ation shall be rejected,	if any of the	
Date:				Cimphum of Condi		
• D	elete as appropriate			Signature of Candid	iale.	

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