

## NOTICE

### CALLING EXAM APPLICATIONS DEPARTMENT OF NR/PST/FST/SS & PE FACULTY OF APPLIED SCIENCES

#### Year IV Semester II (2017/2018) Proper and (Medical/Repeat) Examinations

Above Examinations of the Faculty of Applied Sciences will be held in **March 2024**. Students are advised to download their exam application forms from the **University website** and duly filled application forms and relevant payment vouchers (for repeat subjects) should be **emailed** to the **respective Departments** on or before 22<sup>nd</sup> March 2024.

Repeat candidates who are not registered for the relevant academic year should pay Registration Fees of Rs 300.00. and are need to pay Rs. 25.00 for one subject and Rs.100.00 for, Four Subjects or more per semester you are applied. (Account Number 002246976 at Bank of Ceylon, Balangoda Branch)

Department of Food Science and Technology. **email:** info-fst@appsc.sab.ac.lk

Department of Environmental Science and Natural Resource Management. **email:** nr@appsc.sab.ac.lk

Department of Physical Sciences and Technology. **email:** info-pst@appsc.sab.ac.lk

Department of Sport Sciences and Physical Education. **email:** sspe@appsc.sab.ac.lk

  
Senior Assistant Registrar/Examinations.

20.03.2024

**FOR OFFICE USE ONLY**

Index No.: .....

**SABARAGAMUWA UNIVERSITY OF SRI LANKA  
DEPARTMENT OF NR/PST/FST/SS & PE  
FACULTY OF APPLIED SCIENCES  
YEAR IV SEMESTER II (2017/2018 Batch )  
PROPER AND (MEDICAL/REPEAT) EXAMINATION  
(March - 2024)**

**EXAMINATION APPLICATION FORM**

01. Registration No : ..... Index No : ..... Medium : .....
02. Full Name (In English Block Letters) : .....  
.....
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.

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