

# **NOTICE**

## **CALLING EXAM APPLICATIONS FACULTY OF APPLIED SCIENCES**

### **Year III Semester II Medical/Repeat (2016/2017 & Previous Batches ) Examination - Dept. of FST,PST,NR**

**Year III Semester II (2016/2017 Batch)** Medical/Repeat Examination of the Faculty of Applied Sciences will be held in **June 2023**. Students are advised to submit their duly filled application forms accordingly.

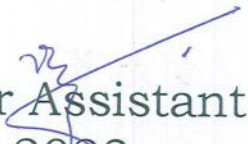
Application forms should be obtained from the **Examination Branch** and students should handover their duly filled application forms to the **Examinations Branch**.

Applications will be issued from **15.06.2023** onwards, between **9.00 a.m. to 12.00 noon** and from **1.00 p.m. to 4.00 p.m.** and duly filled application forms should be handed over to the Examinations Branch during the above time period, on or before **19.06.2023**

**(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  
15.06.2023

**FOR OFFICE USE ONLY**

Index No.: .....

**SABARAGAMUWA UNIVERSITY OF SRI LANKA  
FACULTY OF APPLIED SCIENCES**

**YEAR III SEMESTER II (2016/2017 Batch )  
Medical/Repeat EXAMINATION  
(June - 2023)**

**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<br>CODE | COURSE TITLE | SIGNATURE OF LECTURER<br>INCHARGE CONFIRMING THAT<br>THE CANDIDATE HAS<br>FOLLOWED THE COURSE<br>SATISFACTORILY AND IS<br>ELIGIBLE TO SIT THE<br>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 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