NOTICE

CALLING EXAM APPLICATIONS FACULTY OF APPLIED SCIENCES Department of SS & PE Year III Semester I (2018/2019 Batch) Proper & R/M

Year III Semester I (2018/2019 Batch) Proper & R/M Examination of the Faculty of Applied Sciences will be held in <u>January/February 2024</u>. Students are advised to submit their duly filled application forms accordingly.

Application forms should be obtained from the SS & PE 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 12.12.2023 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 15.12.2023

(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

12.12.2023

FOR OFFICE USE ONLY	
Index No.:	

SABARAGAMUWA UNIVERSITY OF SRI LANKA FACULTY OF APPLIED SCIENCES

YEAR III SEMESTER I (2018/2019) PROPER & R/M EXAMINATION (JANUARY/FEBRUARY 2024)

EXAMINATION APPLICATION FORM

D1. Registration	1 No ; Index No ;	wiedium :
02. Full Name ((in English Block Letters) :	
03. Please stat	e the subject/subjects that you expect to offer for the Exa	mination.
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	f Examinatio	n:						
	•••			• • • • • • • • • • • • • • • • • • • •					
	11.1								
			••••				***********		
07.	Contact Number			***************************************		••••••			
08.	Date of admission to the Ur	iversity	:			••••••			
09.	Have you been registered for	or this year	*			• • • • • • • • • • • • • • • • • • • •			
	Give date of payment of reg	istration fees	for the co	urse	:	* ********			••••
10.	Have you postponed sitting any other reasons? If so give			r due to illine	ess (supp	orted by	Medical	Certificate) or
11.	Amount of fees paid. (for the	e first time ne	ed not pay	/ examination	on fees).				
	Amount::								
	Date of payment & receipt N	No. :							
	fy that the above information is nation given above is incorrect.		n aware	that my ar	pplication	shall be	rejected,	if any of	the
Date:						Signature	of Candid		
• D	elete as appropriate					J			

Page 2 of 2