NOTICE

CALLING EXAM APPLICATION
FACULTY OF TECHNOLOGY
2019/2020 BATCH

Year I Semester II examination for the academic year 2020/2021 scheduled to be held on June 2023. Medical approved students of the 2019/2020 Batch, Faculty of Technology are informed to submit their applications for the **medical approved subjects only**.

Students can download their exam application form, from the University website and duly filled application form should be emailed to the respective Department on or before 15th June 2023 and the application should be converted into PDF format using your registration number.

Department of Biosystems Technology email: infobst@tech.sab.ac.lk

Department of Engineering Technology email: infoet@tech.sab.ac.lk

Senior Assistant Registrar/Examinations.
12.06.2023

FOR OFFICE USE ONLY

Index No.: .....

SABARAGAMUWA UNIVERSITY OF SRI LANKA
FACULTY OF TECHNOLOGY

DEPARTMENT OF .....

YEAR I SEMESTER II (2019/2020 BATCH) EXAMINATION

EXAMINATION APPLICATION FORM (MEDICAL)

01. Registration No : ..... Index No : ..... Medium : .....

02 **i.** Full Name (In English Block Letters) : .....

.....

ii. සම්පූර්ණ නම (සිංහලෙන්) : .....

.....

03. Please state the subject/subjects that you expect to offer for the Examination.

	COURSE TITLE	**COURSE CODE**	**SIGNATURE OF LECTURER INCHARGE CONFIRMING THAT THE CANDIDATE HAS FOLLOWED THE COURSE SATISFACTORILY AND IS ELIGIBLE TO SIT THE EXAMINATION.**
i.	.....	.....	.....
ii	.....	.....	.....
iii.	.....	.....	.....
iv.	.....	.....	.....
v.	.....	.....	.....
vi.	.....	.....	.....
vii.	.....	.....	.....
viii.	.....	.....	.....
ix.	.....	.....	.....
x.	.....	.....	.....

04. State whether Mr. / Ms.: .....

05. Permanent Address: .....

.....

.....

.....

06. Address during the period of Examination :

.....

.....

.....

07. Contact Number :.....

08. Email Address : .....

09. Date of admission to the University : .....

10. Have you been registered for this year : .....

Give date of payment of registration fees for the course : .....

11. Have you postponed sitting this examination earlier due to illness (supported by Medical Certificate) or any other reasons? If so give particulars.

12. Amount of fees paid. (candidates applied for the first time, NO need to 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