SABARAGAMUWA UNIVERSITY OF SRI LANKA
BA SOCIAL SCIENCES & LANGUAGES
YEAR IV SEMESTER II EXAMINATION
EXAMINATION APPLICATION FORM

1. Registration No : ……..... Medium ……

2. i. Full Name (in English) : ……..……..……

   සම්පූර්ණ නම (සිංහලෙන්) : ……..……..……
   (උපාධි සහතික පත්‍රයට නම ඇතුලත් කිරීම සඳහා)

   ii. Name denoted by Initials: ……..……

   ……..……..……

3. State whether Mr. /Ms. ……..……..……

TITLE OF PAPER **CODE NO**

Medium : Sinhala/English

i. Practical Training/ Dissertations …….....

Faculty authorization that the candidate has followed the course satisfactorily and is eligible to sit the examination.

……..

4. Permanent Address: ……..……..…….....

   ……..……..…….....

   ……..……..…….....

5. a. i. Province: ……..……..…….

   ii. District: ……..…….

   iii.Race: ……..……....

   iv.Religion: ……..…….

6. Address during the period of Examination ……..……

   ..……..……..……

7. Date of admission to the University : ……..…….....

8. Have you been registered for this year : ……..……

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

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

10. Amount of fees paid. (For the first time need not pay examination fees).

Amount:

Date of payment & receipt no.

11. Telephone Number -

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