## SABARAGAMUWA UNIVERSITY OF SRI LANKA BA. SOCIAL SCIENCES & LANGUAGES YEAR I SEMESTER I EXAMINATION EXAMINATION APPLICATION FORM

| 1. | Registration No :   |         |  |
|----|---|---------|--|
|    | 2. i. Name with Initials :  |         |  |
|    |   |         |  |
| 3. | Contact Number :  |         |  |
| 4. | Please state the subject/subjects that you expect to offer for the Examination. |         |  |
|    | TITLE OF PAPER Core Subjects:   | CODE NO |  |
|    | i. English Language – Level 1   | CEL 111 |  |
|    | ii Preparatory CIT Part I   | CIT 111 |  |
|    | iii. Mother Tongue (Sinhala for Sinhala students & Tamil for Tamil students)    | CGS 111 |  |
|    | Medium of Subjects : Sinhala / English  Foundation Subjects :                   |         |  |
|    | TITLE OF PAPER  | CODE NO |  |
|    | 1.  |         |  |
|    | 2.  |         |  |
|    | 3.  |         |  |
|    | 4.  |         |  |
|    | L   | 1       |  |

Faculty authorization that the candidate has followed the course satisfactorily and is

eligible to sit the examination.

| 5.   | State whether Mr. /Ms  |                           |
|------|--|---------------------------|
| 6.   | Permanent Address:   |                           |
|      |  |                           |
| 7.   | i. Province:   |                           |
|      | ii. District:  |                           |
|      | iii. Race:   |                           |
|      | iv. Religion:  |                           |
| 8.   | Address during the period of Examination :   |                           |
|      |  |                           |
|      |  |                           |
| 9.   | 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 Certificate) or any other reasons?. If so give particulars. | (supported by Medica      |
| 12.  | Amount of fees paid. (For the first time need not pay examination fee  | es).                      |
|      | Amount :   |                           |
|      | Date of payment & receipt no.  |                           |
|      | tify that the above information is correct. I am aware that my application of the information given above is incorrect.        | ion shall be rejected, it |
|      |  | ure of candidate          |
| Dele | ete as appropriate   |                           |