

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

1. Registration No :..... Medium

2. i. Name with Initials:.....

(In block letters)

ii. Name denoted by Initials:

.....

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

	TITLE OF PAPER	CODE NO
	Core Subjects :	
i.		CEL 111
ii		CIT 111
iii.		CGS 111

Foundation Subjects :

Medium :

i.

ii.

iii.

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

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4. State whether Mr. /Ms.
5. a. Permanent Address:
.....
6. a. i. Province:.....
ii. District:
iii. Race:
iv. Religion:
7. Address during the period of Examination :
.....
.....
8. Date of admission to the University:
9. 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.
12. 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