

**SABARAGAMUWA UNIVERSITY OF SRI LANKA**  
**FACULTY OF GEOMATICS**  
**CALLING APPLICATIONS FOR THE YEAR III SEMESTER II SPECIAL**  
**(REPEAT/MEDICAL) EXAMINATION - March 2024**

**Year III Semester II Special (Repeat/Medical) Examination** of the **Faculty of Geomatics** the scheduled to be held in **March 2024**. Accordingly the Students of the Faculty who are required to sit for the relevant examinations are advised to submit their applications as per instructions given below.

**01. ISSUING APPLICATION FORMS**

Applications should be submitted on prescribed forms obtainable from the **Dean's office of the Faculty**. Forms will be issued on **04<sup>th</sup> March, 2024** between **9.00 a.m. to 12.00 noon** and from **1.30 pm to 3.30 pm**.

**02. SUBMISSION OF COMPLETED APPLICATION FORMS**

Students of the Faculty should handover their duly filled application forms to the **Examination Branch** on or before **06<sup>th</sup> March, 2024**.

*N. B. - Students' Record Books should be produced when applications are handed over.*

**03. LATE APPLICATIONS**

Late applications will only be accepted up to **07<sup>th</sup> March, 2024** with a fine of **Rs. 15/- per day** paid to the bank. **Any application will not be accepted under any circumstances thereafter.**

**04. FILLING IN THE APPLICATION FORMS**

It is the responsibility of the candidates to enter all subjects (Title of Question Papers with Code Numbers) clearly in the application form. Heads of Departments may be consulted with regard to any clarification in completing the application forms.

**05. APPLICATIONS FROM STUDENTS WHO HAVE FAILED OR HAVE NOT COMPLETED THEIR PREVIOUS EXAMINATIONS**



Those students who fall into the above category are required to pay the appropriate examination fees along with their applications. The fees can be paid at any branch of the Bank of Ceylon to the credit of the Sabaragamuwa University, Account Number **0002246976** at Bank of Ceylon, Balangoda Branch, or direct to the Shroff of the University. Receipts for payment of fees should be attached to the applications.

#### **FEE PAYABLE BY CANDIDATES REPEATING THE SEMESTER EXAMINATION**

##### **I. Registration Fees -**


Candidates who are not registered for the relevant academic year should pay Registration Fees of Rs. 300.00 to the Academic and Student Services Branch.

##### **II. Repeat Examination Fees (for a Semester)**

One Subject	-	Rs. 25.00
Two Subjects	-	Rs. 50.00
Three Subjects	-	Rs. 75.00
Four Subjects or more	-	Rs. 100.00

#### **06. WITHHOLDING OF EXAMINATION RESULTS**

Results of those students who have not paid hostel fees, charges for damages done to the University property and of those who have not returned sports equipment and library books etc. will be withheld. Students are therefore advised to get clearance for the above payments before applications are submitted for any examination.

  
Senior Assistant Registrar / Examinations  
01.03.2024

CC: 01. Dean/Faculty of Geomatics  
02. Librarian - Main Library  
03. All Heads of Departments  
04. Senior Assistant Registrar/Academic & Students' Services  
05. Assistant Registrar/Faculty of Geomatics - Please take necessary arrangements to issue the applications.

**SABARAGAMUWA UNIVERSITY OF SRI LANKA**  
**FACULTY OF GEOMATICS**  
**BSc HONOURS IN SURVEYING SCIENCES**  
**YEAR III SEMESTER II SPECIAL (REPEAT/MEDICAL)**  
**EXAMINATION (March - 2024)**

**EXAMINATION APPLICATION FORM (Repeat/Medical)**

01. Registration No : ..... Index No : .....
02. i. Full Name (In English Block Letters) : .....  
.....  
ii. Name denoted by Initials : .....
03. Please state the subject/subjects that you expect to offer for the Examination.

**SUBJECTS****SUBJECT CODE**

SIGNATURE OF LECTURER  
INCHARGE CONFIRMING  
THAT THE CANDIDATE HAS  
FOLLOWED THE COURSE  
SATISFACTORILY AND IS  
ELIGIBLE TO SIT THE  
EXAMINATION.

**ATTEMPT**

i.	.....	.....		.....
ii	.....	.....		.....
iii.	.....	.....		.....
iv.	.....	.....		.....
v.	.....	.....		.....
vi.	.....	.....		.....
vii.	.....	.....		.....
viii.	.....	.....		.....
ix.	.....	.....		.....
x.	.....	.....		.....
xi.	.....	.....		.....
xii.	.....	.....		.....



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

05. Permanent Address: .....

.....  
.....  
.....

06. Address during the period of Examination :

.....  
.....  
.....

07. Contact Number : .....

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

09. 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. : .....

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