

**FOR OFFICE USE ONLY**

Index No.: .....

**SABARAGAMUWA UNIVERSITY OF SRI LANKA  
FACULTY OF TECHNOLOGY**

DEPARTMENT OF .....

YEAR ..... SEMESTER ..... (...../..... BATCH) EXAMINATION

**EXAMINATION APPLICATION FORM**

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

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

ii. සම්පූර්ණ නම (සිංහලෙන්) :

(IV වසර - I/II සමාසිකයේ සිසුන් සඳහා පමණි - උපාධි සහතිකයට ඇතුළත් කිරීම සඳහා)

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. ....

xi. ....

xii. ....

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