

12. Particulars of examination for which admission is sought

Se. No	Title	Course Code	Proper(X)/ Repeat(R)	Signature of Lecturer
	<i>Eg. English</i>	<i>CMP 1005</i>	<i>R</i>	
1				
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*The above particulars are true and accurate to the best of my knowledge.*

.....  
Signature of the candidate

Date: .....

*(Candidates repeating/medical approved the Examination do not require the certificate from the lecturer)*



For office use only

RAJARATA UNIVERSITY OF SRI LANKA
FACULTY OF APPLIED SCIENCES

APPLICATION FOR EXAMINATIONS - .....

NAME OF THE EXAMINATION : YEAR [ ] SEMESTER [ ]

01. Name with Initials: Mr./Mrs./Miss..... (in block letters)

Name in Full : .....

02. Registration No : ..... 03. Index No : .....

04. Subject Combination : .....

05. Contact Address : .....

06. Tel. No : I. .... II. ....

07. E-mail Address: .....

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

09. Details of Previous Examinations:

Important : The following information should be clearly stated.

Table with 4 columns: S. no, Year of the Exam, Name of the Examination, Results (Complete/Incomplete)

10. Are you repeating the Examination : .....
If so, number of previous attempts: .....

11. Fees paid for Examination:
Rs: [ ] Date of Payment: [ ] Receipt No: [ ]

(Bank / Shroff receipt should be attached. Only those repeating the Examination are required to pay Examination Fees. Rs. 25 /= per course unit.)