

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				
2				
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16				

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)

Instructions to Payment

(Bank- 6809656, Bank of Ceylon, Mihintale Branch / Shroff receipt should be attached. Only those repeating the Examination are required to pay Examination Fees. Rs. 60 /= per course unit & Proper Students are required to pay examination Fees. Rs. 30/= with Medical Report.)



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: []