

Institute of Indigenous Medicine

University of Colombo, Rajagiriya

Level I BUMS First Semester (Second Sup.) Examination Sep - OCT-2020

EXAMINATION APPLICATION

General Details [To be filled by the student.]	
1.	Name in Full
2.	Name with Initials
3.	Registration No.
4.	Private Address
5.	Contact No.
6.	Have you registered for current academic year?
7.	If all fees for hostel / library have been paid?
8.	If penalized for any offence at examination?
9.	Have you declined from sitting for an examination on previous occasions?
10.	Have you completed previous years' examinations? (if relevant)

Application Details [To be filled by the student.]			
	Code	Subject Name	Apply?
i	KU 1101	Falsafa Va Mantiq (Philosophy and Analytical Study)	<input type="checkbox"/>
ii	KU 1102	Al Umoor al Tabaiyya - I (Principles of Human Physis)	<input type="checkbox"/>
iii	KU 1103	Tareekh e Tibb va Akhlaqiyya - I (History of Medicine and Behavioral Science)	<input type="checkbox"/>
iv	KU 1104	Urdu va Arabic Language - I	<input type="checkbox"/>
v	AS 1101	Anatomy - I	<input type="checkbox"/>
vi	AS 1102	Physiology - I	<input type="checkbox"/>
vii	IA 1101	Kulliat e Adviya - I (Basic Principles of Materia Medica)	<input type="checkbox"/>
viii	EN 1000	English - I	<input type="checkbox"/>
ix			
x			
xi			
xii			

Student's Consent [To be filled by the student.]

I hereby certify that the particulars given above are true and correct. If particulars are found incorrect, I am aware that I will be penalized by cancelling whole or part (as the case may be) of the examination.

Student's Signature:

Date:

For Office Use Only

No. of Attempts:

Examination Fees Paid: Yes / No / Not Applicable

Remarks:
.....
.....

Subject Clerk:

Date:

Sectional Head's Approval

Attendance:

Recommendation: All Subjects / None / Partial (..... Subjects Only)

Remarks:
.....
.....

Index No.

Sectional Head:

Date:

Deputy Registrar's Approval

Remarks:
.....
.....

Index No.: