

# Institute of Indigenous Medicine

University of Colombo, Rajagiriya

Level IV BUMS First Semester (Spe.Sup) Examination-December

## 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?	

### Application Details [To be filled by the student.]

	Code	Subject Name	Apply?
i	AS 4104	Principles of Clinical Medicine - I	<input type="checkbox"/>
ii	AS 4105	Forensic Medicine - I	<input type="checkbox"/>
iii	MJ 4103	Moalejat (Unani Clinical Medicine) - I	<input type="checkbox"/>
iv	DI 4101	Deshiya Ilaj (Traditional Medicine)	<input type="checkbox"/>
v	TS 4103	Ilmus Sumoom (Toxicology) - I	<input type="checkbox"/>
vi	MJ 4104	Psychology and Counseling	<input type="checkbox"/>
vii	TS 4105	Herbal Beauty Culture	<input type="checkbox"/>
viii			
ix			
x			
xi			
xii			

### Student's Declaration [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: .....

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Index No. ....

Sectional Head: .....

Date: .....

**Deputy Registrar's Approval**

Remarks: .....

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Index No.: .....

Deputy Registrar: .....

Date: .....