

Institute of Indigenous Medicine

University of Colombo, Rajagiriya

Level IV BUMS Second Semester (Spe.Sup) Examination-Dec 202

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 4204	Principles of Clinical Medicine - II	<input type="checkbox"/>
ii	MJ 4203	Moalejat (Unani Clinical Medicine) - II	<input type="checkbox"/>
iii	DI 4201	Deshiya Ilaj (Traditional Medicine)	<input type="checkbox"/>
iv	TS 4203	Ilmus Sumoom (Toxicology) - II	<input type="checkbox"/>
v	AS 4205	Forensic Medicine - II	<input type="checkbox"/>
vi	RP 4201	Research Project	<input type="checkbox"/>
vii	MJ 4205	Massage and Physical Therapy	<input type="checkbox"/>
viii	TS 4207	Drug Abuse Management	<input type="checkbox"/>
ix	MJ 4206	Panchakarma	<input type="checkbox"/>
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:

.....

.....

Index No.

Sectional Head:

Date:

Deputy Registrar's Approval

Remarks:

.....

.....

Index No.:

Deputy Registrar:

Date: