

Institute of Indigenous Medicine

University of Colombo, Rajagiriya

Level V BAMS Second Semester Examination - 2021 Feb.

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	KC 5203	Kaya Chikitsa (Ayurveda Clinical Medicine) - IV	<input type="checkbox"/>
ii	SS 5201	Shalya Tantra (Ayurveda Surgery) - II	<input type="checkbox"/>
iii	PK 5201	Balaroga (Ayurveda Paediatrics) - II	<input type="checkbox"/>
iv	PK 5202	Stree Roga and Prasuti Tantra (Ayurveda Gynaecology and Obstetrics) - II	<input type="checkbox"/>
v	SS 5202	Shalakya Tantra (Ayurveda ENT and Ophthalmology) - II	<input type="checkbox"/>
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Student's Declaration [To be filled by the student.]
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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:

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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: