

Institute of Indigenous Medicine

University of Colombo, Rajagiriya

level V BUMS Second Semester Examination Feb. 2021

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	MJ 5203	Moalejat (Unani Clinical Medicine) - IV	<input type="checkbox"/>
ii	NQ 5201	Ilmul Atfal (Unani Paediatrics) - II	<input type="checkbox"/>
iii	NQ 5202	Amraz e Niswan Va Qabalat (Unani Gyn. and Obst.) - II	<input type="checkbox"/>
iv	IJ 5201	Ilmul Jarahat (Unani Surgery) - II	<input type="checkbox"/>
v	IJ 5202	Amraz e Ain, Anf, Uzn, vo Halq - II (ENT, Ophthalmology and Orthodontology)	<input type="checkbox"/>
vi			
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viii			
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x			
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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: