

Institute of Indigenous Medicine

University of Colombo, Rajagiriya

Level II BAMS Second Semester Examination March - April 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 | AS 2201 | Shareera Rachana (Anatomy) - IV | <input type="checkbox"/> |
| ii | AS 2202 | Shareera Kriya (Physiology) - IV | <input type="checkbox"/> |
| iii | DV 2201 | Dravyaguna Vignana (Ayurveda Pharmacology) - IV | <input type="checkbox"/> |
| iv | SW 2201 | Research Methodology & Bio Statistics - II | <input type="checkbox"/> |
| v | MS 2204 | Sanskrit - IV | <input type="checkbox"/> |
| vi | MS 2205 | Jyotisha Muladharna (Principles of Astrology) | <input type="checkbox"/> |
| vii | EN 2000 | English - II | <input type="checkbox"/> |
| viii | | | |
| ix | | | |
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| 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:

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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: