

# 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 Muladharm (Principles of Astrology)    | <input type="checkbox"/> |
| vii  | EN 2000 | English - II                                    | <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: ..... |