

Institute of Indigenous Medicine

University of Colombo, Rajagiriya

First Professional BUMS (2019/2020) Examination - October 2022

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 | U.1.1.1 | Falsafa Tareekh e Tibb va Akhlaqiyya (Ontology History of Unani Medicine and Behavioral Sciences) | <input checked="" type="checkbox"/> |
| ii | U.1.1.2 | Urdu va Arabic | <input checked="" type="checkbox"/> |
| iii | U.1.1.3 | Al Umoor Al Tabaiyya (Principles of Human Physis) | <input checked="" type="checkbox"/> |
| iv | U.1.1.4 | Tashreeh e Badan (Anatomy) | <input checked="" type="checkbox"/> |
| v | U.1.1.5 | Manafi ul Aza (Physiology and Biochemistry) | <input checked="" type="checkbox"/> |
| vi | U.1.1.6 | Kulliyat e Advia (Unani Pharmacology I) | <input checked="" type="checkbox"/> |
| vii | U.1.1.7 | English and IT | <input checked="" type="checkbox"/> |
| viii | | | |
| ix | | | |
| x | | | |

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: