

Institute of Indigenous Medicine

University of Colombo, Rajagiriya

Second Professional BAMS (2017/2018) Examination Oct. 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	A.2.1.1	Dravyaguna Vignana II (Ayurveda Pharmacology II)	<input checked="" type="checkbox"/>
ii	A.2.1.2	Bhaisajya Kalpana (Ayurveda Pharmaceuticals)	<input checked="" type="checkbox"/>
iii	A.2.1.3	Rasa Shastra (Alchemy)	<input checked="" type="checkbox"/>
iv	A.2.1.4	Swasthavritta and Yoga (Preventive and Social Medicine and Yoga)	<input checked="" type="checkbox"/>
v	A.2.1.5	Agada Tantra and Voharikavidya (Toxicology and Forensic Medicine)	<input checked="" type="checkbox"/>
vi	A.2.1.6	Research Methodology and Medical Statistics	<input checked="" type="checkbox"/>
vii	A.2.1.7	Nidana Muladharmas / Vikriti Vignana (Ayurveda Pathology)	<input checked="" type="checkbox"/>
viii	A.2.1.8	Chikitsa Muladharmas and Panchakarma (Fundamentals of Therapeutics and Panchakarma)	<input checked="" type="checkbox"/>
ix	A.2.1.9	Pathology	<input checked="" type="checkbox"/>
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:
.....
.....

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: