

Institute of Indigenous Medicine
University of Colombo, Rajagiriya

Level IV BAMS First Semester Examination Nov-2022(2016/17 B

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 | KC 4103 | Kaya Chikitsa (Ayurveda Clinical Medicine) - I | <input type="checkbox"/> |
| ii | KC 4105 | Principles of Clinical Medicine - I | <input type="checkbox"/> |
| iii | DC 4101 | Deshiya Chikitsa (Sri Lankan Indigenous Medicine) - I | <input type="checkbox"/> |
| iv | DC 4102 | Agada Tantra (Ayurveda Toxicology) - I | <input type="checkbox"/> |
| v | SW 4108 | Forensic Medicine - I | <input type="checkbox"/> |
| vi | SS 4103 | Acupuncture | <input type="checkbox"/> |
| vii | PK 4103 | Reproduction and Genetics | <input type="checkbox"/> |
| viii | | | |
| ix | | | |
| x | | | |
| xi | | | |
| xii | | | |

| Student's Declaration [To be filled by the student.] | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| <p>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.</p> | |
| 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: