

Institute of Indigenous Medicine

University of Colombo, Rajagiriya

First Professional BAMS (2018/2019) Re - repeat Examination - September 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			
ii			
iii			
iv			
v			
vi			
vii			
viii			
ix			
x			

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:

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Index No.:

Deputy Registrar:

Date: