## **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? |  |  |

|      | Code    | Subject Name  | Apply? |
|------|---------|---|--------|
| i    | U.1.1.1 | Falsafa Tareekh e Tibb va Akhlaqiyya (Ontology History of Unani Medicine and Behavioral Sciences) |        |
| ii   | U.1.1.2 | Urdu va Arabic  |        |
| iii  | U.1.1.3 | Al Umoor Al Tabaiyya (Principles of Human Physis)   |        |
| iv   | U.1.1.4 | Tashreeh e Badan (Anatomy)  |        |
| V    | U.1.1.5 | Manafi ul Aza (Physiology and Biochemistry)   |        |
| vi   | U.1.1.6 | Kulliyat e Advia (Unani Pharmacology I)   |        |
| /ii  | U.1.1.7 | English and IT  |        |
| ıiii |         |   |        |
| х    |         |   |        |

| 0/5/22, 1:45 PM  | Examinations Management System                                       |  |  |  |  |
|--|--|--|--|--|--|
| Student's Declaration [To be filled by the student.]           |  |  |  |  |  |
| I hereby certify that the particulars given a                  | above are true and correct. If particulars are found incorrect, I am |  |  |  |  |
| aware that I will be penalized by cancelling                   | g 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:  |  |  |  |  |
|  |  |  |  |  |  |
| <u>Deputy Registrar's Approval</u>                             |  |  |  |  |  |
| Remarks:   |  |  |  |  |  |
|  |  |  |  |  |  |

 $192.168.16.10/exam\_2017\_live/exam\_main.php$ 

Index No.: .....

Deputy Registrar: .....

Date: .....