

Institute of Indigenous Medicine
University of Colombo, Rajagiriya

Level I BUMS Second Semester(3rd Sup) Examination-January 2

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			
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> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div>Student's Signature:</div><div>Date:</div></div>	

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: