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| Index Number Office Use only |
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UNIVERSITY OF SRI JAYEWARDENEPURA
FACULTY OF ALLIED HEALTH SCIENCES
EXAMINATION ENTRY FORM

For internal candidates only

Candidates sitting more than one Examination. Should use a separate form for each examination.

Name of Examination

Year State Whether Sessional or Repeat

01. Name in full: Mr./Miss./Mrs. (in block letters)

.....

02. Name with initials: Mr./Miss./Mrs.....

03. Permanent Address:

.....

04. Present Address:

.....

05. Contact Number:

06. Whether citizen of Sri Lanka:
 (State whether by descent or by registration)

07. Date of Admission to the Faculty: Intake:.....

08. Registration No: Index No:.....

09. State if scholar, Exhibitioner or Bursary holder and dates of Awards:

10. Previous Examinations taken in the Faculty:

| Month | Year | Index No | Examination | Results |
|-------|-------|----------|-------------|---------|
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11. Are you repeating the Examination?

If so, dates of all previous attempts:

Have you postponed taking this Examination?.....

If so, the no of all postponements:

12. Fees paid for Examination:..... Date of Payments:.....

Branch of the Bank:

(Bank receipt should be attached; Only non Sri Lankan and those repeating Examinations are requested to pay examination fees.)

State clearly the subjects in which you present yourself at this Examination including the titles of the papers.

Division of study confirming that the candidate has followed the course satisfactorily and is Eligible to sit the Examination.

| Subjects | Subject code | Signature of the Head of Department |
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I certify that the above information is correct. I am aware that my application shall be rejected, if any of information given above is incorrect.

.....
Date

.....
Signature

FOR OFFICE USE ONLY

Application checked by:

Candidate is eligible/not eligible to sit the above Examination.

If not eligible, give reasons:.....

.....

.....
Date

.....
Signature