

Faculty of Indigenous Medicine

University of Colombo, Rajagiriya

First Professional B.A.M.S.(2022/2023)2nd Special Re-Repeat Examination-June 2026

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	A.1.1.1	Padartha Vignana and Ayurveda Itihasa (Ontology and History of Ayurveda)	<input type="checkbox"/>
ii	A.1.1.2	Sanskrit	<input type="checkbox"/>
iii	A.1.1.3	Maulika Siddhanta and Samhita (Basic Principles and Samhita)	<input type="checkbox"/>
iv	A.1.1.4	Shareera Rachana (Anatomy)	<input type="checkbox"/>
v	A.1.1.5	Shareera Kriya (Physiology and Biochemistry)	<input type="checkbox"/>
vi	A.1.1.6	Dravyaguna Vignana I (Ayurveda Pharmacology I)	<input type="checkbox"/>
vii	A.1.1.7	English and IT	<input type="checkbox"/>
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:
.....
.....

Index No.:

Deputy Registrar:

Date: