

Faculty of Indigenous Medicine

University of Colombo, Rajagiriya

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

EXAMINATION APPLICATION

<u>General Details [To be filled by the student.]</u>	
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?

<u>Application Details [To be filled by the student.]</u>			
	Code	Subject Name	Apply?
i	U.1.1.1	Falsafa Tareekh e Tibb va Akhlaqiyya (Ontology History of Unani Medicine and Behavioral Sciences)	<input type="checkbox"/>
ii	U.1.1.2	Urdu va Arabic	<input type="checkbox"/>
iii	U.1.1.3	Al Umoor Al Tabaiyya (Principles of Human Physis)	<input type="checkbox"/>
iv	U.1.1.4	Tashreeh e Badan (Anatomy)	<input type="checkbox"/>
v	U.1.1.5	Manafi ul Aza (Physiology and Biochemistry)	<input type="checkbox"/>
vi	U.1.1.6	Kulliyat e Advia (Unani Pharmacology I)	<input type="checkbox"/>
vii	U.1.1.7	English and IT	<input type="checkbox"/>
viii			
ix			
x			

<u>Student's Declaration [To be filled by the student.]</u>	
<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: