

Faculty of Indigenous Medicine

University of Colombo, Rajagiriya.

First Year B.U.M.S. (2023/2024) Exam - March-April 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 | U115 | Mantiq wa Falsafa (Logic and Philosophy) | <input type="checkbox"/> |
| ii | U125 | Tareekh e Tibb wa Akhlaqiyya (History of Unani Medicine and Behavioral Sciences) | <input type="checkbox"/> |
| iii | U134 | Urdu wa Arabic I | <input type="checkbox"/> |
| iv | U147 | Kulliyat Umoore Tabiiyya wa Dheewanut Tibb (Basic Principles of Unani Medicine and Authentic Texts) I | <input type="checkbox"/> |
| v | U156 | Tashreehul Badan (Anatomy) I | <input type="checkbox"/> |
| vi | U166 | Munafeul Aaza (Physiology and Biochemistry) I | <input type="checkbox"/> |
| vii | U176 | Ilmul Advia (Unani Pharmacology) I | <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:

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Subject Clerk:

Date:

Coordinator's Recommendation

Attendance:

Recommendation: All Subjects / None / Partial (..... Subjects Only)

Remarks:

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Index No.

Coordinator:

Date:

Deputy Registrar's Approval

Remarks:

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.....

Index No.:

Deputy Registrar:

Date: