

Faculty of Indigenous Medicine
University of Colombo, Rajagiriya

Level IV BAMS First Semester(3rd Sup) Examination-April 202!

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	KC 4103	Kaya Chikitsa (Ayurveda Clinical Medicine) - I	<input type="checkbox"/>
ii	KC 4105	Principles of Clinical Medicine - I	<input type="checkbox"/>
iii	DC 4101	Deshiya Chikitsa (Sri Lankan Indigenous Medicine) - I	<input type="checkbox"/>
iv	DC 4102	Agada Tantra (Ayurveda Toxicology) - I	<input type="checkbox"/>
v	SW 4108	Forensic Medicine - I	<input type="checkbox"/>
vi	SS 4103	Acupuncture	<input type="checkbox"/>
vii	PK 4103	Reproduction and Genetics	<input type="checkbox"/>
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>	
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: