

# Faculty of Indigenous Medicine

## University of Colombo, Rajagiriya

### Level IV BAMS First Semester(4th Sup) Examination-Feb 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	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.]**

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.

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: .....