

**Faculty of Indigenous Medicine**  
**University of Colombo, Rajagiriya**

**Level IV BAMS First Semester(4th Sup) Examination-Feb 2026**

**EXAMINATION APPLICATION**

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

<b>Application Details [To be filled by the student.]</b>			
	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			

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

**Sectional Head's Approval**

Attendance: .....

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

Remarks: .....

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Index No. ....

Sectional Head: .....

Date: .....

**Deputy Registrar's Approval**

Remarks: .....

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Index No.: .....

Deputy Registrar: .....

Date: .....