

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

Level IV BUMS Second Semester(3rd Sup) Examination-May 20

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	AS 4204	Principles of Clinical Medicine - II	<input type="checkbox"/>
ii	MJ 4203	Moalejat (Unani Clinical Medicine) - II	<input type="checkbox"/>
iii	DI 4201	Deshiya Ilaj (Traditional Medicine)	<input type="checkbox"/>
iv	TS 4203	Ilmus Sumoom (Toxicology) - II	<input type="checkbox"/>
v	AS 4205	Forensic Medicine - II	<input type="checkbox"/>
vi	RP 4201	Research Project	<input type="checkbox"/>
vii	MJ 4205	Massage and Physical Therapy	<input type="checkbox"/>
viii	TS 4207	Drug Abuse Management	<input type="checkbox"/>
ix	MJ 4206	Panchakarma	<input type="checkbox"/>
x			<input type="checkbox"/>
xi			<input type="checkbox"/>
xii			<input type="checkbox"/>

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: