

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

**Level III BAMS First Semester(2nd Sup)Examination-May 2024**

**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>			
	<b>Code</b>	<b>Subject Name</b>	<b>Apply?</b>
i	KC 3101	Nidana Muladharmma (Fundamentals of Diagnosis) - I	<input type="checkbox"/>
ii	KC 3102	Chikitsa Muladharmma and Panchakarma (Fundamentals of Therapeutics and Panchakarma) - I	<input type="checkbox"/>
iii	KC 3107	Vikriti Vignana (Pathology) - I	<input type="checkbox"/>
iv	DV 3102	Rasa Shashtra (Alchemy) - I	<input type="checkbox"/>
v	DV 3103	Bhaisajya Kalpana (Ayurveda Pharmaceutics) - I	<input type="checkbox"/>
vi	SW 3102	Swastha Vrittha (Community Medicine) - I	<input type="checkbox"/>
vii			
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: .....