

Faculty of Indigenous Medicine
University of Colombo, Rajagiriya

Level IV BAMS Second Semester(Sup)Examination-Jan-Feb 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 4203	Kaya Chikitsa (Ayurveda Clinical Medicine) - II	<input type="checkbox"/>
ii	KC 4205	Principles of Clinical Medicine - II	<input type="checkbox"/>
iii	DC 4201	Deshiya Chikitsa (Sri Lankan Indigenous Medicine) - II	<input type="checkbox"/>
iv	DC 4202	Agada Tantra (Ayurveda Toxicology) - II	<input type="checkbox"/>
v	SW 4208	Forensic Medicine - II	<input type="checkbox"/>
vi	RP 4201	Research Project	<input type="checkbox"/>
vii	SW 4203	Ayurveda Roopalavanya	<input type="checkbox"/>
viii	KC 4204	Massage Therapy	<input type="checkbox"/>
ix	SW 4207	Yoga and Meditation	<input type="checkbox"/>
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:

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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: