

# Faculty of Indigenous Medicine

University of Colombo, Rajagiriya.

## First Year B.U.M.S.(2023/2024) Repeat Examination-June-July 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>			
	<b>Code</b>	<b>Subject Name</b>	<b>Apply?</b>
i	U115	Mantiq wa Falsafa (Logic and Philosophy)	<input type="checkbox"/>
ii	U125	Tareekh e Tibb wa Akhlaqiyya (History of Unani Medicine and Behavioral Sciences)	<input type="checkbox"/>
iii	U134	Urdu wa Arabic I	<input type="checkbox"/>
iv	U147	Kulliyat Umoore Tabiiyya wa Dheewanut Tibb (Basic Principles of Unani Medicine and Authentic Texts) I	<input type="checkbox"/>
v	U156	Tashreehul Badan (Anatomy) I	<input type="checkbox"/>
vi	U166	Munafeul Aaza (Physiology and Biochemistry) I	<input type="checkbox"/>
vii	U176	Ilmul Advia (Unani Pharmacology) I	<input type="checkbox"/>
viii			
ix			
x			

<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: .....

.....

.....

Subject Clerk: .....

Date: .....

**Coordinator's Recommendation**

Attendance: .....

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

Remarks: .....

.....

.....

Index No. ....

Coordinator: .....

Date: .....

**Deputy Registrar's Approval**

Remarks: .....

.....

.....

Index No.: .....

Deputy Registrar: .....

Date: .....