

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

**Level IV BUMS Second Semester(Sup)Examination-Jan-Feb 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			
xi			
xii			

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: .....

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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: .....