

# Faculty of Indigenous Medicine

University of Colombo, Rajagiriya.

**First Year B.A.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	A115	Padartha Vignana (Ontology)	<input type="checkbox"/>
ii	A125	Ayurveda Itihasa and Vaidya Achara Dharma (History of Ayurveda and Medical Ethics)	<input type="checkbox"/>
iii	A134	Sanskrit I	<input type="checkbox"/>
iv	A145	Maulika Siddhanta and Samhita (Basic Principles and Authentic Texts) I	<input type="checkbox"/>
v	A156	Shareera Rachana (Anatomy) I	<input type="checkbox"/>
vi	A166	Shareera Kriya (Physiology and Biochemistry) I	<input type="checkbox"/>
vii			
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: .....

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Subject Clerk: .....

Date: .....

**Coordinator's Recommendation**

Attendance: .....

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

Remarks: .....

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Index No. ....

Coordinator: .....

Date: .....

**Deputy Registrar's Approval**

Remarks: .....

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Index No.: .....

Deputy Registrar: .....

Date: .....