

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

**Level III BUMS First Semester(3rd Sup)Examination-March 202**

**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> |         |   |                          |
|---|---------|---|--------------------------|
|   | Code    | Subject Name  | Apply?                   |
| i   | AS 3103 | Pathology - I   | <input type="checkbox"/> |
| ii  | IA 3103 | Dawa Sazi (Unani Pharmacy)                                    | <input type="checkbox"/> |
| iii   | IA 3104 | Kushta Sazi (Mineralogy)                                      | <input type="checkbox"/> |
| iv  | TS 3101 | Tahaffuzi Va Samaji Tibb (Preventive and Social Medicine)     | <input type="checkbox"/> |
| v   | MJ 3101 | Usool e Tashkhees Va Sareeriyat - I (Principles of Diagnosis) | <input type="checkbox"/> |
| vi  | MJ 3102 | Kulliyat e Ilaj (Fundamentals of Treatment) - 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> |                    |
| <p>Student's Signature: .....</p>   | <p>Date: .....</p> |

**For Office Use Only**

No. of Attempts: .....

Examination Fees Paid: Yes / No / Not Applicable

Remarks: .....

.....

.....

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: .....