

Faculty of Indigenous Medicine
University of Colombo, Rajagiriya

Level III BAMS Second Semester(2nd Sup) Examination-Sep-Oc

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 3201	Nidana Muladharm (Fundamentals of Diagnosis) - II	<input type="checkbox"/>
ii	KC 3202	Chikitsa Muladharm and Panchakarma (Fundamentals of Therapeutics and Panchakarma) - II	<input type="checkbox"/>
iii	KC 3207	Vikriti Vignana (Pathology) - II	<input type="checkbox"/>
iv	DV 3202	Rasa Shashtra (Alchemy) - II	<input type="checkbox"/>
v	DV 3203	Bhaisajya Kalpana (Ayurveda Pharmaceuticals) - II	<input type="checkbox"/>
vi	SW 3202	Swastha Vrittha (Community Medicine) - II	<input type="checkbox"/>
vii			
viii			
ix			
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:

.....

.....

Subject Clerk:

Date:

Sectional Head's Approval

Attendance:

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

Remarks:

.....

.....

Index No.

Sectional Head:

Date:

Deputy Registrar's Approval

Remarks:

.....

.....

Index No.:

Deputy Registrar:

Date: