

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

**Level III BUMS 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	AS 3203	Pathology - II	<input type="checkbox"/>
ii	IA 3203	Dawa Sazi (Unani Pharmacy)	<input type="checkbox"/>
iii	IA 3204	Kushta Sazi (Mineralogy)	<input type="checkbox"/>
iv	TS 3201	Tahaffuzi Va Samaji Tibb (Preventive and Social Medicine)	<input type="checkbox"/>
v	MJ 3201	Usool e Tashkhees Va Sareeriyat - II (Principles of Diagnosis)	<input type="checkbox"/>
vi	MJ 3202	Kulliyat e Ilaj (Fundamentals of Treatment) - 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: .....

<b>For Office Use Only</b>	
No. of Attempts: .....	Examination Fees Paid: Yes / No / Not Applicable
Remarks: .....	
.....	
.....	
Subject Clerk: .....	Date: .....

<b>Sectional Head's Approval</b>	
Attendance: .....	Recommendation: All Subjects / None / Partial ( ..... Subjects Only)
Remarks: .....	
.....	
.....	
Index No. ....	
Sectional Head: .....	Date: .....

<b>Deputy Registrar's Approval</b>	
Remarks: .....	
.....	
.....	
Index No.: .....	
Deputy Registrar: .....	Date: .....