Faculty of Indigenous Medicine University of Colombo, Rajagiriya

**Level IV BAMS Second Semester Examination-May-June 2023(2016/17 Batch)**

**EXAMINATION APPLICATION**

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| **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? |

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| **Application Details *[To be filled by the student.]*** |
|  | **Code** | **Subject Name** | **Apply?** |
| i | KC 4203 | Kaya Chikitsa (Ayurveda Clinical Medicine) - II | ☐ |
| ii | KC 4205 | Principles of Clinical Medicine - II | ☐ |
| iii | DC 4201 | Deshiya Chikitsa (Sri Lankan Indigenous Medicine) - II | ☐ |
| iv | DC 4202 | Agada Tantra (Ayurveda Toxicology) - II | ☐ |
| v | SW 4208 | Forensic Medicine - II | ☐ |
| vi | RP 4201 | Research Project | ☐ |
| vii | SW 4203 | Ayurveda Roopalavanya | ☐ |
| viii | KC 4204 | Massage Therapy | ☐ |
| ix | SW 4207 | Yoga and Meditation | ☐ |
| x |  |  |  |
| xi |  |  |  |
| xii |  |  |  |

Date: ...................................

Student's Signature: ...................................

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.

**Student's Declaration *[To be filled by the student.]***

Date: ...................................

Subject Clerk: .....................................

Remarks: ................................................................................................................................................

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Examination Fees Paid: Yes / No / Not Applicable

No. of Attempts: ....................................

**For Office Use Only**

Date: ...................................

Sectional Head: ...................................

Index No. .................................

Remarks: ................................................................................................................................................

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

Attendance: ..........................

**Sectional Head's Approval**

Date: ...................................

Deputy Registrar: .................................

Index No.: .................................

Remarks: ................................................................................................................................................

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**Deputy Registrar's Approval**