Faculty of Indigenous Medicine University of Colombo, Rajagiriya

**Level IV BUMS Second Semester Examination-May-June 2023(2**

**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? | |

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| --- | --- | --- | --- |
| **Application Details *[To be filled by the student.]*** | | | |
|  | **Code** | **Subject Name** | **Apply?** |
| i | AS 4204 | Principles of Clinical Medicine - II | ☐ |
| ii | MJ 4203 | Moalejat (Unani Clinical Medicine) - II | ☐ |
| iii | DI 4201 | Deshiya Ilaj (Traditional Medicine) | ☐ |
| iv | TS 4203 | Ilmus Sumoom (Toxicology) - II | ☐ |
| v | AS 4205 | Forensic Medicine - II | ☐ |
| vi | RP 4201 | Research Project | ☐ |
| vii | MJ 4205 | Massage and Physical Therapy | ☐ |
| viii | TS 4207 | Drug Abuse Management | ☐ |
| ix | MJ 4206 | Panchakarma | ☐ |
| 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**