

# Faculty of Indigenous Medicine

University of Colombo, Rajagiriya

## **First Professional BAMS(2020/2021) Repeat Examination-Nov-Dec 2023**

### EXAMINATION APPLICATION

<b><u>General Details [To be filled by the student.]</u></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><u>Application Details [To be filled by the student.]</u></b>			
	<b>Code</b>	<b>Subject Name</b>	<b>Apply?</b>
i	A.1.1.1	Padartha Vignana and Ayurveda Itihasa (Ontology and History of Ayurveda)	<input type="checkbox"/>
ii	A.1.1.2	Sanskrit	<input type="checkbox"/>
iii	A.1.1.3	Maulika Siddhanta and Samhita (Basic Principles and Samhita)	<input type="checkbox"/>
iv	A.1.1.4	Shareera Rachana (Anatomy)	<input type="checkbox"/>
v	A.1.1.5	Shareera Kriya (Physiology and Biochemistry)	<input type="checkbox"/>
vi	A.1.1.6	Dravyaguna Vignana I (Ayurveda Pharmacology I)	<input type="checkbox"/>
vii	A.1.1.7	English and IT	<input type="checkbox"/>
viii			
ix			
x			

<b><u>Student's Declaration [To be filled by the student.]</u></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>	
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: .....