

Faculty of Indigenous Medicine
University of Colombo, Rajagiriya

Level II BAMS First Semester(5th Sup) Examination-March 202

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 2101	Shareera Rachana (Anatomy) - III	<input type="checkbox"/>
ii	AS 2102	Shareera Kriya (Physiology) - III	<input type="checkbox"/>
iii	DV 2101	Dravyaguna Vignana (Ayurveda Pharmacology) - III	<input type="checkbox"/>
iv	SW 2101	Research Methodology & Bio Statistics - I	<input type="checkbox"/>
v	MS 2104	Sanskrit - III	<input type="checkbox"/>
vi	AS 2107	Principles of Genetics, Molecular Biology and Bio Technology	<input type="checkbox"/>
vii	DV 2104	Functional Foods and Nutraceuticals	<input type="checkbox"/>
viii	DV 2105	Cultivation and Propagation of Medicinal Plants	<input type="checkbox"/>
ix	DV 2106	Pharmacovigilance and Drug Safety	<input type="checkbox"/>
x	IT 2000	Computer Applications	<input type="checkbox"/>
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:

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Subject Clerk:

Date:

Sectional Head's Approval

Attendance:

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

Remarks:

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Index No.

Sectional Head:

Date:

Deputy Registrar's Approval

Remarks:

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Index No.:

Deputy Registrar:

Date: