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| **Index No: ………………………….** ***(For office use only)***  |
| **logo100height** | **Faculty of Allied Health Sciences****University of Ruhuna****Examination Entry Form** |

**For Internal candidates only**

***(Candidates sitting more than one Examination should use a separate Form for each Examination)***

**NAME OF EXAMINATION: …………………………………………………................................**

**YEAR:………………………………………………………………………………………………...**

**ATTEMPT: …………………………………………………………………………………………**

 Are you repeating the Examination? …………………………………………………………

If so, no of all previous attempts: ……………………………………………………………

1. Student Registration No: …………………………………………………………………………...

2. Name with initials: Mr/Miss/Mrs…………………………………………………………………...

3. Full Name (In block letters): ………………………………………………………………………

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4. Permanent Address: ………………………………………………………………………………

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5. Postal Address: ……………………………………………………………………………………

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6. Contact No: Mobile : ………………………… Land phone No: ………………………

7. Date of Admission to the Faculty: …………………………………………………………………

8. State if Scholar, Exhibitioner or Bursary Holder and dates of Awards: …………………………...

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9. Previous Examinations taken in the Faculty:

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| Month | Year | Index No. | Name of the Examination | Results/Grades |
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10. State clearly the subjects in which you present yourself at this Examination including the titles of papers.

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| Subject Code | Subject | Recommendation of Head of the Department\* |
| “X” / “√” | Date | Signature |
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(\* - *Head of the Department should certify the eligibility of the candidate by signing)*

11. Fees paid for Examination (exempted for the first attempt):

Amount : Rs: ……………………….……………………………

Date of payment:…………………………...................................

Branch of Bank: …………………………………………………

*(Pay Rs. 50/= for one credit. Original bank receipt should be attached)*

I certify that the information provided by me are true and accurate and I understand that, misrepresentation in the application will cause the rejection of application or revoking acceptance for admission at any stage and I am prepared to abide by rules and regulations of the University of Ruhuna.

Date: ………………………….. …………………………………………

 Signature of the Candidate

**FOR OFFICE USE ONLY**

Candidate is **eligible/not eligible** to sit the above examination.

If not eligible, give reasons: …………………………………………………………………………

Checked by:……………………………… Date: …………………………….

Date: …………..………………. ………………………………………………..

 Assistant Registrar