

Index No: .....  
(For office use only)



**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): .....

.....

4. Permanent Address: .....

.....

5. Postal Address: .....

.....

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: .....

.....

9. Previous Examinations taken in the Faculty:

Month	Year	Index No.	Name of the Examination	Results/Grades

10. State clearly the subjects in which you present yourself at this Examination including the titles of papers.

Subject Code	Subject	Recommendation of Head of the Department*		
		“X” / “√”	Date	Signature

(\* - 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