Faculty of Applied Sciences
Wayamba University of Sri Lanka

For official use only ☐

Only for Repeat Candidates

Registration No. ..... **Level. .....**

Registration for Examination – Faculty of Applied Sciences

.....Examination of the Academic Year .....

1. (a) Full Name :- .....

   (b) Name with initials :- Mr./ Ms. .....

2. (a) Permanent Address :- .....

   (b) Contact No. :- .....

3. Course Followed :- **Combination** ☐ **Special/Joint major/General** ☐
   Only for 3rd & 04th year students

4. (a) Date of Registration :- .....

   (b) Academic Year :- .....

6. Subject offering :- (Subject code and Subject name must be clearly stated)

Subject Code	**Subject Name**
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I declare that above given details are true. If not, I know that my application will be rejected.

Date:-.....

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Signature of the Candidate