Faculty of Applied Sciences
Wayamba University of Sri Lanka

For official use only

Only for Candidates with Medical & Special Reasons

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 :- …….

5. Faculty Board Approval :- Yes ☐ No ☐

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

Subject Code	**Subject Name**
……	……
……	……
……	……
……	……
……	……
……	……
……	……
……	……
……	……
……	……
……	……

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

Date:-……..

……
Signature of the Candidate