**Uva Wellassa University of Sri Lanka-Badulla**

**Application forms for the 2nd Semester Examination**

**December 2017- January 2018**

Registration No:

Index No:

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Name of the Faculty: …………………………………………………………………………………………………………………………………

Name of the Degree Programme: ……………………………………………………………………………………………………………

Year : ………………………………………………..

1. Name in Full : ………………………………………………………………………………………………………………………………………………

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2. Name with initials: ………………………………………………………………………………………………………………………………………

3. Permanent Address: 4. Contact Address/Temporary Address during the

Examination period

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5. Telephone/Mobile No: ………………………………………………………………………………………………………………………………

6. NIC No : ………………………………………………………………. 7. Sex : ………………………………………………………………….

8. Please indicate the subjects you take in the 2nd semester Examination.

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| --- | --- | --- | --- |
| **No** | **Title of the subject** | **Subject**  **code** | **Office use only** |
| **Attendance** |
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I certify that the above information given is true and correct and I am aware that my registration would be cancelled if any of the above is found to be incorrect.

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Date Signature of the candidate

**(Closing Date will be 18.09.2017)**