

Uva Wellassa University of Sri Lanka-Badulla
Application forms for the 1st Semester Examination
September/October 2015

Registration No:

Index No:

Name of the Faculty :

Name of the Degree Programme :

Year :

1. Name in Full :

.....
.....

2. Name with initials:

.....

3. Permanent Address:

.....
.....
.....

4. Contact Address/Temporary Address during the Examination period

.....
.....
.....

5. Telephone/Mobile No:

6. NIC No : 7. Sex :

8. Please indicate the subjects you take in the 1st semester Examination.

No	Title of the subject	Subject code	Office use only
			Attendance
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

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.

.....

Date

.....

Signature of the candidate

(Closing Date will be 13.08.2014)