

Uva Wellassa University of Sri Lanka-Badulla
Application forms for the 2nd Semester Examination
September/October 2015

Registration No:

Index No:

Name of the Faculty :

Name of the Degree Programme :

Year :

1. Name in Full :

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2. Name with initials:

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3. Permanent Address:

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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.

No	Title of the subject	Subject code	Office use only
			Attendance
1			
2			
3			
4			
5			
6			
7			
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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)