INSTITUTE OF TECHNOLOGY
UNIVERSITY OF MORATUWA, SRI LANKA

APPLICATION FOR EXAMINATION

First Year Repeat Examination 2019/2020

1.   i. Name of Course   : ....
        ii. Field of Specialization : ....

2.   Name of Examination   : ....

3.   Name of Candidate   :
(Please write name as appearing in student Record Book)
     i.   Last Name   : ....
     ii.   Other Names   : ....
     iii.   Name with Initials Mr./Miss/Mrs. : ....

4. Contact Address & Tele No :
....
....

5. Permanent Address and Telephone No :
....
....

6. Year of Study : ....   7. Admission No : ....

8. State whether appearing for :
     i.   Whole Examination for the first time   :...
     ii.   Whole Examination as a repeat candidate   :...
     iii.   Only referred subject/s   :...

9. State the subjects for which application is made at this Examination:

S/N	Subject Code No	Name of Subject	Lecturer's Initial
i.	....	....	....
ii.	....	....	....
iii.	....	....	....
iv.	....	....	....
v.	....	....	....
vi.	....	....	....
vii.	....	....	....
viii.	....	....	....
ix.	....	....	....
x.	....	....	....

10. Results of Previous examination/s sat:
     (To be completed by repeat / referred candidates)
     Name of Examination:

	First Attempt	**Second Attempt**	**Third Attempt**
Month / Year	....	....	....
Index No	....	....	....
Results	....	....	....
(Fail, R3, R2 or R1)			

11. Fees paid by repeat and referred candidates Rs. ....
     (Please annex receipt form the Senior Assistant Bursar, ITUM in respect of the examination fee)

Date :................................   ....
                                                                          Signature of Candidate

12. I certify that the above student is eligible to apply for the NDT 1st year Examination.

Date : ....
                                                                          Head of Division

13. Office Use :

     Index No :