

EASTERN UNIVERSITY, SRILANKA

TRINCOMALEE CAMPUS

Application form for Examination

Part I: To be completed by the Candidate

Name of the Examination:(Proper/Repeat/Re repeat)

Programme of Study : Academic Year:

1. Full Name of the Candidate: (Rev./Mr./Ms.).....
.....
2. Registration No:..... Index No:.....
3. Permanent Address of the candidate:
.....
4. Address during Examination Period:
.....
5. Contact Telephone No's:.....
6. Have you postponed sitting this Examination due to illness supported by M.C or any other grounds
(If so give particulars)
7. Date of medical submitted to the Department:
(Please annex a copy of the M.C)
8. For repeat Students Only:
Amount of fee paid for Examination and dates of payment:

S.No	Subject & Code	Amount Paid	Date

Date:.....

.....

Signature of Candidate

