



**SRI LANKA INSTITUTE OF ADVANCED TECHNOLOGICAL EDUCATION**

All Candidates are bound to act in conformity with the provision of the examination Act No: 25 of 168

**APPLICATION FOR THE SEMESTER END EXAMINATION - ATI - Kurunegala**

Name of the Diploma Program : HNDA / HNDIT / HNDEN / HNDM / HNDTHM

Year : 2022 II Semester

Nature of course : Full Time / Part Time (Proper / Repeat / Medical / Assignment Only / Special exam)

- 01.Name with Initials : .....
- 02.Name Denoted by the Initials:.....
- 03.Student Registration No : .....
- 04.Present Address:.....
- 05. Gender (Male / Female) Tele.No/WhatsApp No : ..... ID No .....
- 06. Email Address : .....
- 07. i Index No : .....
- ii Receipt No: .....Payment of Examination fees.....Penalty Charges .....
- 08. Specify subject to be taken at the examination.

Academic Year: 1  2  3  4

**Please note that separate exam application needs to be submitted for each attempt**

S.NO	Subject Code & Subject	Results of the Previous Attempt	Examination Type (Please Tick)		
			Exam	Assignment	DFR
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

09. Indicate the attempt you are applying for.

1st Attempt      2nd Attempt      3rd Attempt      4th Attempt      Special

                                                                              

10.Index No: of the Previous Attempt : .....

11.If you are a transferred student

Previous ATI : .....

Course Transfer (FT / to PT):.....

Registration No. : .....

Previous Index No. : .....

Present Index No. : .....

**DECLARATION OF APPLICANT**

I certify that the information forwarded above is true and correct.

Date : .....

Signature of Applicant : .....

**Note : Please complete all items in this application from Incomplete applications will be rejected**

**RECOMMENDATION OF LECTURES**

No	Subject Code & Subject	Percentage of Attendance	Recommendation of Lecturer	Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Date : .....

**RECOMMENDATION OF THE HEAD OF THE DIVION**

Mr/Miss/Mrs ..... Attended ..... course as a Full Time / Part Time/ student.  
 His / Her attendance is ..... Percent and I recommend/not recommend him / her to sit the Examination.

Date :.....

.....  
 Signature of Head of  
 Department & Seal  
 Academic

**APPROVAL OF DIRECTOR**

This applicant has fulfilled all requirements and I approve her/ his application to sit the examination.

Date :.....

.....  
 Signature of Director &  
 Seal