



APPLICATION FOR THE SECOND SEMESTER EXAMINATIONS - 2022

Name of the Diploma Program : HNDA / HNDIT / HNDE / HNDM / HNDTHM - (Proper / Repeat)

Academic Year : 1 / 2 / 3 / 4

Semester I

Nature of the Course : Full Time / Part Time

1. Full Name as in Student's Registration Book :
2. Name With Initials :
3. Name to be Given in Certificate in Capital :
4. Private Address :
5. Sex (Male/ Female) : Tel No NIC No :
6. i. AdmissionNo:..... Year of Registration :
- ii. Receipt No (for Payment of Examination Fees):
- iii. Percentage of Attendance During the Semester :
7. Specified Subject to be Taken at the Examination

SNo	Subject Code	Subject Name	Examination Type		Medical/ Repeat	Attempt	Signature
			Written	Assignment			
01							
02							
03							
04							
05							
06							
07							
08							
09							
10							
11							
12							
13							
14							
15							

DECLARATION OF APPLICANT

I hereby certify that the above data provided by me is true and accurate to the best of my knowledge.

.....
Date

.....
Signature of applicant

Please complete all items in this application form correctly. Incomplete application will be rejected without any notice.



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RECOMMENDATION OF LECTURERS

S No	Subject Code	Subject Name	Medium	Percentage of Attendance	Recommendation	Signature
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						
11						
12						
13						
14						
15						

RECOMMENDATION OF HEAD OF THE DIVISION

Mr / Ms..... Attended..... course as a full time / part time student.
 His/her attendance exceeds percent and I recommended / not recommended him/her to sit the above
 examination in..... medium

.....
 Date

.....
 Signature of Head of Division (Seal)

APPROVAL OF DIRECTOR

Application has fulfilled all requirements and I approved his application to sit the examination.

.....
 Date

.....
 Signature of Director (Seal)