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| **SOUTH EASTERN UNIVERSITY OF SRI LANKA** |
| FACULTY OF MANAGEMENT AND COMMERCE |
| **APPLICATION FOR EXAMINATION** |
| (This form should be completed in **BLOCK CAPITAL** letter & Tick appropriate box) |

# PART - I

1 Name with initials:

|  |  |  |
| --- | --- | --- |
| Mr. | Ms. |  |

|  |  |
| --- | --- |
| 2 | Registration No: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SEU** | **IS** |  |  |  |

|  |  |
| --- | --- |
| 3 | Current Batch (If transferred to others batch indicate intake year only): |

4 Medium: 5 Semester: 6 Applied for:

|  |  |
| --- | --- |
| **English** | **Tamil** |
|  |  |  |  |  |  |

|  |  |
| --- | --- |
| **I** | **II** |
|  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Fresh** |  | **Repeat** |
|  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| 7 | Year of Examinations: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **First Year** | **Second Year** | **Third Year** | **Fourth Year** |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| 8 | Field of Specialization (if any): |

|  |  |
| --- | --- |
| 9 | Present Address: |

|  |  |
| --- | --- |
| 10 | Contact Mobile No. |

|  |  |
| --- | --- |
| 11 | Applied Subjects: |

|  |  |  |  |
| --- | --- | --- | --- |
| **S. No** | **Subject Code (Spcify Clearly)** | **Subject Title** | **Signature of Head of the Department** |
| *01* |  |  |  |
| *02* |  |  |  |
| *03* |  |  |  |
| *04* |  |  |  |
| *05* |  |  |  |
| *06* |  |  |  |
| *07* |  |  |  |

|  |  |
| --- | --- |
| 12 | If its Repeat candidate please state No. of attempts completed |

|  |
| --- |
| **Note:** |
| Please note that a Candidate is eligible for 3 consecutive attempts irrespective of whether a candidate appears for a schedule examination or not, after completion of course work. Each scheduled examination will be counted as an exhausted attempt. |
| (P.T.O) |

02

|  |  |
| --- | --- |
| 13 | Fees paid by Repeat Candidate of Rs. …………………………………………………………... |
|  | (Please affix a copy of paying in Voucher as proof of the payment of examination fees) |

Payment: Rs. 100/- per subject for Four (04) and more subject Rs. 400/-



|  |
| --- |
| **Account Details** |
| South Eastern University of Sri Lanka |
| People's Bank |
| A/C No. 228 1001 9000 1704 |

The above details are given by me true and correct according to my knowledge.

Date:……………………….

|  |
| --- |
| ……………………………….. |
| **Signature of Candidate** |

|  |
| --- |
| **Part - II** |
| Particulars from 01 - 14 are checked with me and found correct |

………………………………..

|  |
| --- |
| ……………………………….. **Asst. Registrar** |
| **Signature of Subject Clerk** Date:………………………. **Faculty of Management and Commerce** |
| **Dept. of** ……………...……. |

# Part - III

Please register / do not regster the candidate for the examination

Date:……………………….

|  |
| --- |
| ……………………………….. |
| **Snr. Asst. Registrar/ Examinations** |

D/dean.fmc/forms/Appl. of Exam