



EASTERN UNIVERSITY, SRI LANKA
EXAMINATION ENTRY FORM

FACULTY:..... GENERAL/SPECIAL

APPLICATION TO SIT:.....
(State whether 1st, 2nd, 3rd or Final/Proper/Repeat with Semester)

Part-I To be completed by the candidate

1. Name of the candidate :.....
2. Registration No :.....
3. Address during exam Period :.....
4. Phone Numbers : Home:..... Mobile:.....
5. Have you postponed sitting this examinations due to illness by MC or any other grounds :.....
6. Amount of fee paid for examination & date :.....
7. Medium : Tamil/English
- Date:.....

Signature of candidate

Note: Please indicate the units/subject and code no. In the column (I) at section Part-(II) and return to Examinations Branch.

Part-II To be completed by the Head and Deans

Title of Paper/Subject	Code No	Total No. of Hours			Allowing for sitting the exam	Signature and seal of Head of the Dept	Remarks
		Lectures Hours	Attendance				
			Hours	%			
1.					Yes/No		
2.					Yes/No		
3.					Yes/No		
4.					Yes/No		
5.					Yes/No		
6.					Yes/No		
7.					Yes/No		
8.					Yes/No		
9.					Yes/No		
10.					Yes/No		
11.					Yes/No		
12.					Yes/No		
13.					Yes/No		
14.					Yes/No		
15.					Yes/No		

Certified as correct.

Date:.....
Dean / Faculty of.....

Part-III To be completed by the Examinations Branch

Registered and allocated Index No:.....

Senior Assistant Registrar/Examinations

- Note*
1. No students are eligible to sit for an examination unless he/she has attended 80% of the classes in each discipline.
 2. Candidates repeating the examination need not obtain the certification.
 3. Re-registered students only eligible to sit the examination