

GAMPAHA WICKRAMARACHCHI UNIVERSITY OF INDIGENOUS MEDICINE
FACULTY OF INDIGENOUS MEDICINE
DEPARTMENT OF ROGAVIJNANA

BAMS Continuous Assessment Test (CAT) / Mid Semester Examination Registration Form

(For repeaters, re-sit candidates and candidates having withheld (WH) results – except for the proper batch)

1. Name with initials:

2. Student Registration Number:

3. Current Year/Level and Semester of study:

4. Course Unit/s registering for CAT/Mid Examination/s:

Tick (✓) the relevant box/es

Year 2 Semester II	RVPA 22013	CAT - 01		CAT - 02	
	RVMB 22023	CAT - 01		CAT - 02	
Year 3 Semester I	RVHP 31033	CAT - 01		CAT - 02	
	RVMB 31043	CAT - 01		CAT - 02	
Year 3 Semester II	RVCP 32052	CAT - 01		CAT - 02	

5. Reason for Re-registration for CAT/Mid Examination:

Signature of the student:

Date:

Note – Please submit this application form to the department 14 days prior to the relevant examination date.